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TRANSACTIONS

—OF THE—

WISCONSIN

State Medical Society

109
1939

1875.

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1875.

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TRANSACTIONS

OF THE

Wisconsin State Medical Society

FOR THE YEAR 1875.

WITH THE

Constitution and By-Laws of the Society

AND

A LIST OF ITS MEMBERS.

VOLUME IX.

MEDICINA NUSQUAM NON EST.

MILWAUKEE:
CRAMER, AIKENS & CRAMER, PRINTERS,
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Wisconsin State Medical Society.

President,

J. B. WHITING, M. D., Janesville.

First Vice-President.

IRA MANLEY, JR., M. D., Markesan.

Second Vice-President,

N. SENN, M. D., Milwaukee.

Secretary and Treasurer,

J. T. REEVE, M. D., Appleton.

Assistant Secretary,

THERON NICHOLS, M. D., Milwaukee.

Censors,

J. K. BARTLETT, M. D., Milwaukee.

S. MARKS, M. D., Milwaukee.

D. MASON, M. D., Prairie du Chien.

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TRANSACTIONS

OF THE

WISCONSIN STATE MEDICAL SOCIETY,

FOR THE YEAR 1875.

BEING THE TWENTY-EIGHTH ANNUAL SESSION.

ARTICLE I.

PROCEEDINGS.

MADISON, June 1st, 1875.

The Wisconsin State Medical Society convened in regular annual session at the Assembly Chamber of the Capitol, in the City of Madison, on Tuesday, June 1st, 1874, at 8 o'clock P. M.

The Society was serenaded by the Capitol Band, after which prayer was offered by the Rev. Thomas Bright, of Madison, the President of the Society, Dr. J. T. Reeve of Appleton, presiding.

Dr. Wm. Fox, of the Committee of Arrangements, was then introduced, and welcomed the Society on behalf of his Committee, the Medical Profession and the Citizens of Madison.

The Committee of Arrangements had made ample provisions for Dr. Kempster's Illuminated Lecture on Brain Tissue, of which public notice had been given, and which was to have occurred on this evening, but, owing to sudden illness in the lecturer's family, had now been rendered impossible.

His Committee offered the following programme to guide the business of the Session, which on motion was adopted:

TUESDAY EVENING.

1. Opening Exercises.
2. Report of the Committee of Arrangements.
3. Roll Call.
4. President's Address.
5. Miscellaneous Business.

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WEDNESDAY MORNING.

1. Admission of New Members.
2. Secretary's and Treasurer's Reports.
3. Reports of Standing Committees.

WEDNESDAY AFTERNOON.

1. Reports of Cases, and Reading of Voluntary Essays.
2. Miscellaneous Business.

WEDNESDAY EVENING.

Society's Banquet at the Park Hotel, at 8:30 o'clock, P. M.

THURSDAY MORNING.

1. Unfinished Business.
2. Election of Officers.
3. Appointment of Standing Committees.
4. Miscellaneous Business.
5. Adjournment.

That the remaining Sessions be held in the Senate Chamber; the Morning Sessions to open at eight o'clock, the Afternoon Sessions at two o'clock.

The roll being now called there were found to be present at this time and subsequently during the Session, the following members, to wit:

Drs. Gordon Andrews,
L. G. Armstrong,
D. O. Bennett,
John Binnie,
D. M. Bond,
D. F. Boughton,
J. J. Brown,
H. L. Butterfield,
Geo. C. Catlin,
S. C. Coolidge,
J. B. Cory,
Chas. Cowles,
Phillip Fox,
Wm. Fox,
M. R. Gage,
W. H. Gleason,
Alois Graettinger,
E. L. Griffin,
James Guinan,
A. H. Guernsey,
Joseph Hobbins,
Wm. Hobbins,

Drs. L. C. Cowles,
N. Dalton,
F. H. Day,
John E. Davies,
M. M. Davis,
John Dickson,
N. M. Dodson,
W. Edwards,
Chas. Egan,
T. W. Evans,
John Favill,
E. W. Fairman,
Henry Palmer,
L. E. Peck,
J. T. Reeve,
E. M. Rogers,
Jirah Rogers,
A. A. Rowley,
T. P. Russell,
Nicholas Senn,
C. M. Smith,
F. D. Stanard,

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Drs. Geo. Hutchinson,
E. H. Irwin,
G. W. Jenkins,
A. O. Kendall,
Amos Lawrence,
D. La Count,
J. J. Leavitt,
C. Linde,
N. A. Loofbourow,
A. N. Lueck,
Ira Manley,
John A. Masterson,
J. G. Meachem, Jr.,
Solon Marks,
Darius Mason,
Wm. McCall,
C. I. Miller,
Theron Nichols,
Drs. Emory Stansbury,
W. P. Stair,
C. L. Stoddard,
H. P. Strong,
W. P. Sweetland,
Chas. S. Taylor,
Joseph Van Buskirk,
H. Van Dusen,
W. H. Vittum,
A. J. Ward.
M. Waterhouse,
J. B. Whiting,
R. M. Wiggenton,
O. W. Wight,
J. Ll. Williams,
D. B. Wylie,
H. E. Zeilley,
N. H. Norris.

Total 80.

The President's Address then being in order, Dr. J. T. Reeve was introduced by Vice President L. G. Armstrong.

The Address gave a brief outline of ancient Medical History, closing with some suggestions bearing upon the relationship of our profession to the public. The Society gave it a careful hearing, and on its conclusion, expressed its approbation, on motion of Dr. H. Van Dusen, by a vote of thanks and its reference to the Publication Committee.

The Society then proceeded to order of Unfinished Business, and took up Dr. J. K. Bartlett's proposed amendment of Article IX, of of the Constitution, offered last year. The proposed amendment was finally lost, after eliciting considerable discussion.

Drs. H. Van Dusen and M. M. Davis were appointed members of the Board of Censors, *pro tem*, in place of the absentees.

Society adjourned to 8 o'clock, Wednesday morning.

MORNING SESSION, June 2d, 1875.

The Society was called to order by the President, Dr. J. T. Reeve.

Reports of Standing Committees being in order, Dr. Ira Manley of Markesan, of the Committee on Practice, presented a paper on "Treatment of Fevers by Water," embodying also some remarks on

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the treatment of Rheumatism, the Transfusion of Blood and Venesection. Dr. Stoddard inquired whether arterial blood could not be used in transfusion by the immediate method, instead of venous as is usual.

Drs. Whiting and Stansbury also took part in the discussion of the paper which was referred to the Committee of Publication.

The Secretary's and Treasurer's Reports were called.

The published volume of the transactions of the last Annual Session having been distributed to the members, the reading of the Minutes of that session was dispensed with.

The Treasurer, Dr. T. Nichols, then presented his annual report, as follows :

T. NICHOLS, Treasurer.

In Account with the Wisconsin State Medical Society.

		DR.
To amount on hand as per last report,		$64 02
" " received for admission fees and dues,		499 00
" " received for Transactions sold,		3 00
		$566 02

CONTRA.

	CR.	
By amount paid for printing Transactions,	$220 00	
" " paid for Diplomas,	30 71	
" " paid for copy of "Medical Register and Directory,"	6 10	
" " paid for Postage,	28 45	
" " paid for Printing, Stationery and Express,	11 60	
" " paid Secretary as per Resolution,	100 00	
		$396 86
Balance in Treasury,		$169 16

On motion, the report was referred to Finance Committee.

The Board of Censors then reported for membership :

Dr. James Guinan, New London, graduate of University of Michigan, 1867.
Dr. John A. Masterson, Waterloo, graduate of Rush Medical College, 1871.
Dr. Chas. S. Taylor, Janesville, graduate of Chicago Medical College, 1873.
Dr. J. G. Meachem, Jr., Racine, graduate of Rush Medical College, 1865.
Dr. Chas. Egan, Highland, graduate of Rush Medical College, 1875.
Dr. N. H. Norris, Beloit, graduate of Dartsmouth Medical College, 1867.
Dr. Joseph Van Buskirk, Ironton, graduate of Chicago Medical College, 1872.
Dr. M .R. Gage, Sparta, graduate of Geneva Medical College, 1852.
Dr. L. C. Cowles, Baraboo, graduate of Chicago Medical College, 1874.

who were duly elected.

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The Censors also recommended that Drs. Joseph Hobbins and U. P. Stair, whose memberships had lapsed by reason of non-payment of dues, be reinstated upon their compliance with the regulations.

Adopted.

Dr. Marks, Chairman of the Committee on Surgery, read to the Society, a paper on "New Methods of Ligation of Arteries," which provoked considerable discussion regarding the relative merits of carbolized tendons and silk fibre, for such uses. Report referred as usual, to Committee of Publication.

On motion of Dr. Favill, a committee of five was appointed to investigate and report upon, a case of alleged mal-practice which had been charged against Dr. Joseph Hobbins.

Committee,

Drs. Marks, Whiting, Dalton, Mason and Manley.

An invitation was received from Dr. McDill, Superintendent of the Wisconsin Insane Asylum, to visit that institution in the afternoon.

Accepted.

Dr. Palmer, of the Committee on Pathology, presented the Society the history of a case of tubal pregnancy, as follows:

A lady, 32 years of age, having borne one child eight years previous, ceased menstruating and had symptoms of pregnancy. Seven weeks after the last menstruation, she commenced having a colored vaginal discharge, accompanied with colic pains and soreness in the region of the right ovary. This condition continued for two weeks, the colored discharge appearing every two or three days, and the colic pains occuring several times a day, accompanied with occasional uterine tenesmus.

While urinating, after passing a restless night, she was suddenly seized with a sharp pain in the lower part of the abdomen, followed by syncope, nausea and vomiting, and great prostration. She soon became nearly pulseless, and in eight hours she was dead.

On making a post-mortem examination, more than four quarts of blood was found in the abdominal cavity, and the fimbriated end of the right fallopian tube contained the products of a conception from eight to ten weeks of age, and was enlarged to three inches in its long, and two and one half inches in its short diameter. There was a rupture of the walls of the enlarged tube, three fourths of an inch in extent, and the placenta protruded through the opening. A hydatid tumor one fourth of an inch in diameter, was attached to the right broad ligament with a slender pedicle, one and one half inches long; another, one half inch in diameter with a short pedicle, was attached to the left ovary, and a third about the same size was attached near the inner os. There was extensive abrasion of the external os, and the uterus was more than one half larger than in a normal and unimpregnated condition.

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The pathological specimen with fœtus, placenta, &c., in situ, was exhibited to the Society, from whom the Doctor received a vote of thanks.

Dr. Senn, also of the Committee on Pathology, read a paper on "Bone Transplantation." Referred to the Committee on Publication.

The Committee on New Remedies reported, through its chairman, Dr. Armstrong, a very timely paper upon that topic, deprecating in the strongest terms, the too common practice of adulteration among druggists. The subject brought out much corroborative testimony from other members of the Society. Referred as usual.

The Censors again reported the following candidates for membership, viz :

Dr. D. O. Bennett, Waterloo, graduate of Rush Medical College, 1870.
Dr. W. H. Vittum, Baraboo, graduate of University of Louisiana. 1875.

Dr. Wiggenton, assistant at the Wisconsin Insane Asylum, read an interesting article on "Puerperal Insanity."

Dr. Waterhouse, Chairman of the Committee on Medical Education, reported on that topic, and Dr. Stoddard, of the Committee on Diseases of the Eye and Ear, gave the Society a paper on "Cataract," which concluded the reports of the Standing Committees. These several papers were referred to the Publication Committee.

Dr. McCall of Omro, then arose and said :—

The remarks of Dr. Palmer and the exhibition of the beautiful specimen of the internal female organs, illustrating tubal pregnancy, has prompted me to make a few remarks in connection with the subject. A case occured in western New York many years ago, with which I was somewhat connected, and which, having no notes, I give from memory.

The subject was a young unmarried woman, belonging to a family of girls considered as being possessed of rather easy virtue. She had the appearance of being pregnant, and it was whispered about among the old ladies in the neighborhood. The full time of Utero-gestation came, and with it regular labor pains. The patient lived in a neighboring town, about five miles from my residence. Her physician was sent for, her pains continued several hours, and then died away, and no delivery took place.

It was then supposed by her physician and others that this was a case of Ovarian Tumor, and that the patient had been judged wrongfully. She recovered so as to be about the house in a few days, looking as large as ever, but had a pale and unhealthy countenance.

She subsequently married, moved into our village, became pregnant, and I attended her in her first confinement. Her abdomen was uncommonly large, she was delivered of a healthy child leaving her still with the appearance of a female sev-

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eral months advanced in pregnancy. She had a fair convalescence, but still a pale sallow look, showing the effects of laboring under what was supposed to be a diseased Ovarium.

Some time after this she moved to a neighboring village, and subsequently bore another living child. After a few years she was attacked with typhoid fever from the effects of which she died. Her friends wished a post mortem examination. I was sent for, but, as I afterwards very much regretted, could not attend the examination. The doctor in attendance informed me that he found parts of the fœtus, the most indestructible, such as parts of the bones, hair, nails, teeth, &c., surrounded by a sack, together with other formations or changes of structure, all forming a tumor of considerable size. This patient had carried the fœtus about twelve years.

I do not know from the description, whether this was a case of ovarian or tubal pregnancy, but as the latter is said to occur the most frequently, and I can imagine that the ovum could make itself a bed, and form its attachments in the tube much easier than on the ovarium, and the tube (as in the specimen presented by Dr. Palmer) would expand to accommodate the fœtus even until the full term of utero-gestation, I am inclined to think that this was tubal. I think the sack surrounding the tumor was originally one of the fallopian tubes, that the uterus contracted to its natural size, that the fallopian tube and ovarium on one side remained in its normal condition, and that pregnancy subsequently took place on the healthy side.

In these cases of extra-uterine fœtation, we see nature imitating the regular uterine pregnancy, in the enlargement of the tube as seen in Dr. Palmer's specimen, and in the regular uterine pains as shown in the case that I have mentioned. Then as in a long, protracted, severe labor in uterine pregnancy where nature gives up and the pains die away, so in the case of extra uterine pregnancy, nature, not being able to accomplish her work, sooner or later gives up and accommodates herself to circumstances.

The form of the tumor subsequently becomes changed by absorption, etc., produces comparatively very little irritation, and uterine pregnancies follow with a normal termination.

Adjourned to 2 o'clock, P. M.

AFTERNOON SESSION, June 2d.

The Society was called to order by the President.

Dr. C. Linde of the Special Committee on Skin Diseases, and Dr. E. L. Griffin, of the Special Committee on Small Pox and Vaccination, both made interesting reports, which were referred to the Committee on Publication.

Dr. Linde also gave further information concerning the case of Scalp Injury which he had reported at the last session of the Society,

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and promised to provide the Secretary with items and illustrations for publication.

Dr. Griffin advocated in his paper, compulsory Vaccination, which elicted from the members remarks showing the favorable opinion in which that subject is held by the profession.

Dr. McCall read a paper on "Strangulated Hernia, with formation of Artificial Anus; Recovery.

Dr. H. Van Dusen reported a case of "Extra-Uterine Gestation."

Dr. Masterson described a unique "Case of Malformation of Genital Organs."

These paper all took the usual reference to the Publication Committee.

The Committee on the case of Dr. Joseph Hobbins, then tendered the following report, viz:

The Committee to whom was referred the case of alleged mal-practice of Dr. Joseph Hobbins, begs leave to report, after a careful investigation of the facts in the case, and the assurance of Dr. A. J. Ward, the consulting surgeon, that the case had been treated with reasonable skill and care up to the time of his attendance and there was no cause for complaint of want of such skill and care, that Dr. Joseph Hobbins should be relieved from any stigma of want of professional skill that may have attached to him, by reason of this case. Your Committee also believes that the payment of money in this case was unnecessary, and in its opinion, unjust.

SOLON MARKS,
J. B. WHITING,
D. MASON,
IRA MANLEY.

The report of the Committee was adopted by a unanimous vote, the Society rising to their feet.

On motion, the following were appointed a Committee on Nominations, to report at the morning session:

Drs. Van Dusen, Favill, Linde, M. M. Davis, Manley, Strong and Dalton.

Society adjourned to 8 o'clock A. M., June 3d.

After the adjournment of the afternoon session, the Society repaired to the Northwestern depot, where a special train was in waiting to take the party to the Insane Asylum, in accordance with the invitation previously extended by its Superintendent, Dr. McDill. The party was under the escort of Dr. Wiggenton, Assistant Physician at the Asylum, and was cordially received upon its arrival by Dr. McDill and his accomplished wife. After spending a profitable

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hour or two in a tour of inspection through the establishment, the party was served with refreshments and re-embarked for the city.

At nine o'clock the Society assembled at its Banquet at the Park Hotel, where, through the efficient services of the Committee of Arrangements, and the Proprietor Mr. Irish, ample provision had been made for its reception.

Besides Members assembled, there were also State Officers, Supreme and United States Judges, Professors of the University and representatives of the Press. Quite a number of ladies graced the occasion also.

After ample justice had been done to the tempting viands, toasts and responses were in order and the time passed pleasantly away until a late hour.

MORNING SESSION, JUNE 3d.

On motion of Dr. Van Dusen, a committee was appointed, consisting of Drs. Cory, Dalton and Van Dusen, to draft resolutions and prepare an obituary sketch of Dr. S. A. Ferrin, deceased, and late member of this Society.

The Committee reported the following resolutions, viz:

Whereas, By an inscrutable interposition of Divine Providence, our Society has been deprived of an honorable and valuable member, in the death of Samuel A. Ferrin, therefore,

Resolved, That knowing him as we did, we realize that the medical profession has lost a valuable member, the State an honorable man, and his family a kind father and protector.

Resolved, That, deploring our own loss, we extend our hearty sympathies to the family and friends of the deceased.

Adopted.

On motion, a similar committee consisting of Drs. Senn, Nichols and Spalding was appointed to prepare resolutions and a sketch of Dr. T. G. Williams, deceased. The following were reported:

Whereas, We have learned with deep sorrow that death has again afflicted our Society by the removal of our late associate, Dr. T. G. Williams of Watertown, therefore,

Resolved, That while we bow submissively to the will of our Heavenly Father, who doeth all things well, we yet sincerely deplore the early demise of him, whom, with but a limited association, we had already learned to appreciate and love.

Resolved, That his professional enthusiasm and success, though the product of but a few brief years, have afforded us unmistakable evidence of his fitness for the

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profession which he had chosen for his life work, and that his example is worthy of personal emulation by the younger members of our profession.

Resolved, That we shall ever hold him in remembrance for his genial social qualities and true nobility of soul, as well as for his professional integrity.

Resolved, That our earnest sympathy be extended to his sorrowing family, upon whom the severest weight of this affliction has fallen; may they feel the tender care of the hand that has wonnded but to heal, and be cheered by the thought that the life that has gone out so early in darkness, has even now entered upon an endless existence of joy.

N. SENN,
W. C. SPALDING,
T. NICHOLS.

Adopted.

Dr. Palmer offered the following amendment to the Constitution, viz:

To strike out the whole of the last sentence in Article IX.

Laid over under rules.

On motion of Dr. Nichols, Dr. Kempster was invited to furnish his paper, read to the Society at its last session, for publication in the forthcoming transactions.

Dr. Fairman gave the Society a description of a case of acute cystitis; referred to Publication Committee.

Dr. Lyman Barton, delegate from the New York State Medical Society was then introduced by Dr. Manley and heartily welcomed by the President in behalf of the Society.

Dr. Strong tendered his resignation as a member of the Board of Censors. Accepted.

The Finance Committee then reported favorably upon the records of the Treasurer, and a bill of $23.75 for expenses incurred by the Committee of Arrangements during the present session. Adopted.

On motion of Dr. Strong, the Society resolved to allow the Committee of Arrangements an additional $50.00 to cover a deficit incurred in the Banquet expenses.

The Committee on Nominations then reported as follows, viz:

PRESIDENT—Dr. J. B. Whiting, of Janesville.
FIRST VICE PRESIDENT—Dr. Ira Manley, Jr., of Markesan.
SECOND VICE PRESIDENT—Dr. Nicholas Senn, of Milwaukee.
SECRETARY AND TREASURER—Dr. J. T. Reeve, of Appleton.
CENSOR TO FILL VACANCY—Dr. S. Marks.
CENSOR FOR THREE YEARS—Dr. J. K. Bartlett.

A motion of Dr. Strong to proceed to election of officers, amended

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by Dr. Palmer to elect all on one ballot, was carried, and resulted in the entire adoption of the report of the Committee of Nominations.

The Censors further reported for membership:

Dr. D. F. Boughton, Madison, graduate of the University of Michigan, 1870.

Dr. W. H. Gleason, Mazomanie, graduate of the College of Physicians and Surgeons, Keokuk, Iowa, 1874.

Dr. Justin J. Leavitt, Fennimore, graduate of Rush Medical College, 1869.

Dr. W. Edwards, Arena, graduate of Chicago Medical College, 1873.

Dr. F. H. Day, Wauwatosa, graduate of Jefferson Medical College, 1849.

Dr. James Johnson of Milwaukee, sent a communication to the Society, requesting that his name be dropped from the roll, as he was about retiring from practice; on motion the request was granted.

Milwaukee was designated as the place of next meeting, and Dr. T. Nichols was chosen Asssistant Secretary.

On motion it was resolved that the Banquet of the session of '76 be prepared at the expense of the Society, to be participated in by members, clear on the treasurer's books, without charge.

The remarks of President Bascom, of the State University, at the Banquet the previous evening, advocating the establishment of a medical department to the University, on a basis of equal privileges to all systems of medicine, brought out Dr. Favill with the following resolution, viz:

Resolved, That in the opinion of this Society, the establishment of a Medical College in the City of Madison is deemed inexpedient.

The resolution was adopted.

On motion of Dr. Whiting, the Society also expressed its disapprobation of any movement which looked toward the future establishment of mixed Schools of Medicine in connection with the State University.

The following members were elected delegates to the American Medical Association, viz:

Drs. Alois Graettinger, A. J. Ward, M. Waterhouse, H. Palmer, Wm. Fox, D. Mason, E. M. Rogers, D. M. Bond, H. E. Zeilley, Ben C. Brett, J. B. Whiting, Joseph Hobbins, J. T. Reeve, Ira Manley, H. P. Strong, H. L. Butterfield, N. M. Dodson, L. G. Armstrong, Emory Stansbury, E. L. Griffin, J. B. Cory, C. Linde, C. M. Smith.

The following gentlemen were also elected delegates to State Societies:

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Dr. M. Waterhouse to Minnesota; Dr. W. Kempster to New York; Dr. H. Palmer to Illinois; Dr. H. Van Dusen to Iowa; Dr. D. M. Bond to Indiana; Dr. N. Dalton to Ohio; Dr. T. Nichols to Michigan; Dr. J. Hobbins to Pennsylvania.

Dr. Armstrong offered the following resolution:

That a committee of one from each Congressional district of the State be appointed by the President, to constitute a Committee on Prevailing Diseases of the year, and Influences of Epidemics upon the same. Observations to be made on the 1st and 15th of each month.

The resolution was adopted, and the following gentlemen were appointed, Dr. G. L. Armstrong to be Chairman of the Committee.

Dr. C. L. Stoddard, Whitewater, observer in 1st district.
Dr. M. Waterhouse, Portage, observer in 2d district.
Dr. L. G. Armstrong, Boscobel, observer in 3d district.
Dr. N. Senn, Milwaukee, observer in 4th district.
Dr. S. S. Bowers, Fond du Lac, observer in 5th district.
Dr. Ben. C. Brett, Green Bay, observer in 6th district.
Dr. H. A. Chase, Viroqua, observer in 7th district.
Dr. Ben. T. Phillips, Menominee, observer in 8th district.

Dr. Griffin, member of the Committee appointed last year to memorialize our Legislature for the establishment of a State Board of Health, reported that their efforts so far had been ineffective, but hoped for better success in the future; Committee continued, to consist of Drs. Griffin, Whiting and Senn.

Dr. Favill of the Committee appointed to secure the suppression of obscene Medical Literature, also reported non-progress; committee continued, consisting of Drs. Favill, M. M. Davis and Whiting.

Drs. Cory, M. M. Davis and Graettinger gave notice that they had papers prepared for the Society, whereupon they were requested to furnish them to the Committee of Publication.

Dr. Whiting the president elect was now conducted to the chair by a special committee composed of Drs. Favill and Waterhouse, and was introduced to the Society by the retiring President, who congratulated it on having made choice of one so worthy and competent to fill the elevated office to which he had been chosen, and tendered his thanks for the courteous treatment and cordial support the Society had given to him during the session about to close.

President Whiting briefly, but eloquently addressed the Society, thanking it for the honor conferred upon him, and asking the mem-

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bers to co-operate with him in efforts for its advancement, and especially asking of them promptness in the performance of such duties as might be assigned to particular members.

The following Standing and Special Committees were duly announced by the chair.

STANDING COMMITTEES.

ARRANGEMENTS—Drs. Senn, Marks and E. W. Bartlett.
PRACTICE OF MEDICINE—Drs. J. C. Hall, Strong and Van Buskirk.
SURGERY—Drs. Palmer, J. G. Meachem, Sr. and Mason.
OBSTETRICS—Drs. Day, Wm. Fox and Alois Graettinger.
PATHOLOGY—Drs. M. M. Davis, S. S. Clark and Russell.
NEW REMEDIES—Drs. Vivian, Phil. Fox and Stoddard.
MEDICAL EDUCATION—Drs. Favill, Kempster and J. K. Bartlett.
DISEASES OF EYE AND EAR—Drs. E. W. Bartlett, Armstrong and F. H. Linde.
FINANCE—Drs. E. H. G. Meacham, Thompson and E. M. Rogers.
ETHICS—*For Three Years*—Drs. Barrows, Bell and Brett.
For Two Years—Drs. Favill, Dalton and Bond.
For One Year—Drs. Waterhouse, Russell and Galentine.

Dr. W. C. Butler was also announced for a special essay on Cerebro-spinal Meningitis.

The Committee of Arrangements for the coming year were instructed to provide no entertainment for the Society during the session, except the Banquet.

On motion of Dr. Armstrong, the President's address was assigned to Tuesday evening of the session, and to be suitable for a public occasion.

Dr. Van Dusen was invited to prepare reminiscences of the early history of the profession of the state and this Society, to be read at the next annual meeting.

On motion, a vote of thanks was given the retiring president Dr. J. T. Reeve, the retiring secretary Dr. T. Nichols, to Dr. McDill and his assistants of the Insane Asylum, to the Committee of Arrangements, and to Mayor Pinney and Col. Knight for the use of public property, &c.

On motion the Society then adjourned to meet on the first Tuesday in June, 1876, in the City of Milwaukee, at 7 o'clock p. m.

T. NICHOLS, Secretary.

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ARTICLE II.

THE MEDICAL PROFESSION—ITS PROGRESS AND PRESENT POSITION.

The Anniversary Address before the Wisconsin State Medical Society by J. T. Reeve, M. D. of Appleton, President.

GENTLEMEN OF THE WISCONSIN MEDICAL SOCIETY:

A year ago your partial suffrages conferred on me the distinguished honor of service as your President. Gratefully acknowledging this honor I appear this evening to discharge one of the duties it brings with it—a duty which I approach with unaffected diffidence and with a consciousness that it could be much better performed by others of your number—yet as the duty is an imperative one, permit me first the pleasure of tendering to you each and all most heartily a greeting of welcome to this annual re-union—this professional holy day—and with this greeting goes the earnest hope that these hours of social intercourse and of professional discussion, may develop within us stronger fraternal relations, better fit us for the performance of duty and help to give us broader and grander views of our relation to our loved and chosen profession.

We are come to-night, like children grown to maturity and to honors, back for a brief season to the old paternal hearthstone, for this beautiful city is the place in which our society was organized, and the scene of its early struggles for existence. No spacious halls were then needed for its accommodation, but the brave hearts of a few brave men who could meet in the private office of one its members, or in a "borrowed barber's shop," kept it alive. A third of a century has gone and increased in stature and in honor, until we occupy an enviable position among the brotherhood of State Societies, we return to this meeting. Let us here exhibit the strength and nobility of the manhood of our profession, and of our association, but let us not forget to render all honor to the brave pioneers of the Wisconsin Medical Society.

We have met this evening under circumstances that are somewhat peculiar. For the first time in the history of our society we are honored by the presence of an audience of ladies and gentlemen not of our membership, who have been invited hereto by your expressed wish. I would be glad, indeed, if what I have to say could be instrumental in enlarging their interest in medical science, and in the work of the medical profession. We rejoice in the splendid achievements of those who are working in other professions, but profoundly believing in the grandeur of the mission of our own, we present it as one which in its very nature possesses for every human being a vital interest, no matter what his social position or surroundings.

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Criticise medical science, and distrust it as you may, yet, sooner or later, all resort to it for assistance, and, with rare exceptions, there must come to all a time when absolute dependence must be placed upon it. We believe it worthy of your utmost confidence, your warmest sympathy, and your most jealous regard for its purity and its progress towards the highest attainable perfection.

Medicine, practiced as an art in some form, is as old, probably, as the life of man, but its early history is enveloped in an obscurity we cannot penetrate. In fancy we can picture something of the successive stages of growth from its first days of utter inexperience and ignorance, and imagine how crude were the efforts which man's sympathy for his suffering brother first led him to put forth—with what groping and uncertain steps he followed from one blind effort to another, until, by happy experiment, the desired success was obtained. We read that in these efforts the sick were exposed by the road-side and in the market places, that happily, they might be seen by those competent to give them advice: and later that they resorted to the temples for the same purpose, in which places they were, when cured, required to make record of their cases, for the benefit of like sufferers. In the mean time the priests ministering at these temples, became familar with the records there inscribed, and so, naturally the advisers of the sick, as they resorted thither and, hence gradually assumed the character of physician as well as priest. Thus probably more than 2,000 years passed away before the office of physician was assumed by any one as a distinct calling, the simple habits of our forefathers being such that it is probable that their diseases were both few and simple. That the methods resorted to for the cure of disease when it did come, consisted largely of superstitious rites, and propitiatory offerings is not to be wondered at when an ignorant and superstitious people were wont to regard all disease as indication of the anger of offended gods. Nor can we wonder that such a people should deify Esculapius, one of the first physicians whose name has been transmitted to us as distinctively such, and whose skill was so great as to have inspired the people with unbounded confidence in him, extending even to belief in his power to restore the dead to life; indeed the story reads that this skill was so marvelous as to have angered Pluto, who, "alarmed to see the number of new arrivals to his gloomy kingdom diminishing day by day, complained to Jupiter, who destroyed the audacious healer with a thunderbolt." On this account it has been said the modern children of Esculapius "abstain from performing prodigies.

For centuries following, the descendents of Esculapius and the priests of the temples erected in honor of his memory, transmitting their medical knowledge from generation to generation, were the recognized physicians of their age. With some material remedies yet known to us, and some practice that might be termed "heroic" we yet find it recorded that "Poetry and music were regarded as efficient agents to relieve disease," and that "fevers were cured by appropriate songs, and rheumatism by a tune upon the trumpet."

Another most notable land-mark in the history of medicine was made by Hippocrates. It was indeed a rare genius, and one that honorably entitled him to the appellation of the "Father of Medicine," that enabled him so to classify and

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arrange hitherto meaningless and disjointed facts, that for the first time something of order and system arises out of what was before simply a chaotic mass of empirical experience,—that, living in an age when anatomy and the simplest principles of physiology and pathology were unknown, could yet obtain so thorough a knowledge of the symptoms of disease that his descriptions of many of them, for comprehensiveness and truthfulness to nature, have never been surpassed, if, indeed, equaled by later writers. None but those who are familiar with the protean manifestations of disease, can appreciate through what unwearied labor, and with what infinite carefulness of observation were such results, under such circumstances, made possible.

"His treatment of disease was cautious. Like one exploring an unknown labarynth full of intricacy and peril, he carefully examined every step of his way." "A physician must be the minister and interpreter of nature," was his favorite precept. Happy indeed would it have been for suffering humanity, had physicians ever remembered these principles.

Passing now a period of 600 years, we come to the illustrious Galen. Since the time of Hippocrates there had been few physicians of sufficient genius to leave even their names to history. Theories had sprung up, and the "pride of opinion" had been substituted for the revelations of nature and the deductions of experience. Contending factions had divided the medical world, and in the effort of each for supremacy, there had been little progress. I can pause to give the tribute of praise to but one name belonging to this period—that of the anatomist Herophilus—to whom belongs the honor of braving the superstitious prejudices of nearly 4,000 years—prejudices which not only forbade the study of human anatomy, but which extended even to the touch of the dead body. "Prompted by a laudable ambition and a consciousness that the secret of the mysterious nature of disease could never be comprehended until the sources of vital action were explored, it still must have required a struggle to shake off the withering influence of those fearful associations which the impress of preceding centuries had stamped upon the relics of the dead; yet for want of this knowledge how must all who went before him have blundered in their philosophy, the moment they passed the threshold of the human temple and reasoned concerning the springs of action within."

In such days as these, then, came Galen. The twilight preceding the long night of darkness which soon afterwards fell upon all art and literature and science, was already casting its lengthened shadows when he appeared and by the profoundness of his learning, the brilliancy of his writings and the eloquence of his speech, built for himself such a reputation that none in his day could successfully contend against him. Prompted by ambition and by pride, rather to "originate theories than to adhere closely to those of others," he asserted his independence of prevailing ideas in medicine, yet showed his estimate of his illustrious predecessor Hippocrates, by declaring that he had "sketched what another was to complete—had opened the true path which it was for a successor to enlarge and make plain."

After the death of Galen, such was his influence and such the darkness of the age, that for more than a thousand years medical history is comparatively barren of interest. Dissections were abandoned and medical men were content to follow

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the teachings of this master mind, blindly, disputing even the evidence of their own experience, if in conflict with his authority. The single school of Salerno, shed abroad its light through this darkness, but with the revival of letters, and especially with the discovery of the art of printing there came a more general diffusion of knowledge, and the assertion of freedom and independence of thought, never again to be put in bondage, and thence-forward the names of master geniuses adorn the pages of the history of medicine in almost every generation. The illustrious names of Servetus, Pare and Harvey, Sydenham, Stahl and Cullen, Boerhaave, Baglivi and Jenner, Haller, Hunter and Bell, Rush, Warren and Mott, bring us down to comparatively recent times. These, with others cotemporary with them, or nearer our own time and equally worthy, have so contributed to the establishment of medical science, building it up from the times of its deepest ignorance and darkest superstition, through the ages of its crudest art, until it is not too much to say that it stands to-day in favorable comparison with any other science or department of human knowledge, and that in its development it has done more to contribute to the comfort and well-being of the human family than any or all other departments of human effort combined.

I have thus given but the faintest and most imperfect sketch of some of the ancient worthies who have contributed to the building of the fair medical temple, at whose shrine we worship; making mention only of those whose contributions have added materially to the symmetry of the edifice. That there have been unnumbered hosts of others, who through these ages have labored thereto with equal zeal, is unquestionable. Indeed Hippocrates, in speaking of his predecessors, says that "medicine, in all its branches, had been long established; that they had found out the principle and the route of discovery of many useful things, which would serve for the further discovery of more, provided those who undertook the task were fitted for it, and, possessing a knowledge of what has already been done, should pursue a similar route. He that rejecting all," he adds, "that is already known, should pursue another plan for his researches and boast of having found out something new, deceives alike himself and others." Yet, in every age there have been those, who rejecting this route of observation and experience, have sought to overthrow the edifice and build upon its ruins a new structure, of which themselves were to be the chief corner stone. It has been a vain effort, for the foundations of our science have proven themselves "a rock of adamant, on whose base the proudest waves cast up from the ocean of visionary hypothesis, have fallen only to pronounce their own epitaph and foreshadow the destiny of their successors."

Let us look for a moment at some of the pretenders who have figured conspicuously in medical history. Two or three specimens will suffice. Their language and their pretensions are reproduced even in our own day. Listen to Thessalus, who flourished between the days of Hippocrates and Galen, and who, modestly styling himself the conqueror of physicians, says: "I have founded a new sect, which is the only true one. I have been forced to this because none who have preceded me have discovered anything useful, either for the preservation of health

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or for the cure of disease." Yet, his wonderful discovery was simply that "Nature in each case points out to the patient whatever is most fit for him, and hence he should be diligently supplied with whatsoever thing he fancies."

Paracelsus, who lived in the early part of the 16th century, was another pretended reformer. Claiming not only that he had studied medicine in the chief universities of Europe, but that he had also learned many valuable things "from the conversation of clever women, magicians and alchemysts," he published, after the fashion of the charlatans of the present day, accounts of his "numerous successful cases," and claimed to be possessed of "infallible secrets against the most incurable diseases." His wonderful pretensions soon secured him public notice, as wonderful pretensions will even in this day, and called to be a public teacher, he expressed his contempt for Galen by publicly burning his works, and his estimation of others by declaring "Greeks, Latins, Arabs, French, Italians, Jews, Christians, and Mohamedans,—you must follow me; I shall not follow you for I am your monarch, and sovereignty belongs to me." Pursuing a brilliant career for a few years, he yet soon forfeited the respect of his supporters, and finally was ignominiously expelled from the scene of his triumphs. Credited as having been chiefly instrumental in introducing mineral remedies into practice, he is perhaps more widely known as the author of the "Doctrine of Signatures," which is a belief that "every natural substance which possesses any medicinal virtue whatever, indicates by an obvious and well marked character the disease for which it is a remedy."

One example from modern times. Near the close of the last century, there lived in Connecticut a physician by the name of Perkins, who announced that after a long series of experiments, he had made a discovery which was to revolutionize the medical practice of the world. This discovery consisted in the use of what were termed metallic tractors, two pieces of metal of different colors peculiarly shaped and patented by Dr. Perkins, the local application of which in a specified way it was claimed would cure rheumatism, local pains, inflammation, and even tumors. It would seem that a proposition like this could be easily tested, and if without foundation, could not prosper, yet the tractors soon found numerous advocates among men of "high standing and influence" in this country, and crossing the ocean they were publicly employed in royal hospitals; and institutions, presided over by the nobility of the land, were erected solely to promulgate the new practice. Royalty itself, it is intimated, favored it with patronage, and "the Royal Society, that learned body which for ages has constituted the best tribunal to which Britain can appeal in questions of science, accepted Mr. Perkins' Tractors and passed a vote of thanks."

Thus established, with the press of various countries sounding its praise, with unqualified testimonials in its favor from distinguished professors in distinguished Universities, from numerous clergymen, doctors of divinity, chaplains to royalty and titled dignitaries without number, while its cures, performed upon adults, infants, and animals, were estimated by millions, who could doubt the efficacy of the practice? Who could deny the bigotry of the Connecticut Medical Society in treating its author as a Charlatan, and expelling him from its membership? *Experience* and *facts* had proved its efficiency and no persecution of Medical Societies or mis-

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representations of interested rivals could avail. What was the sequel? Experiments made by faithless physicians in which spurious Tractors, made of other materials, unpatented, and unhallowed by the touch of the author of the practice, produced as marvelous results as if the genuine Tractors had been used, so marvelous indeed that the subjects of the cures, returned public thanks therefor in church, but, the experiments being published, the eyes of the public were opened and the bubble collapsed. Dr. Holmes, himself an infantile subject of Tractoration, writing its history forty years afterwards, says: "The Metallic Tractors are now so utterly abandoned that I have, only by good fortune, fallen upon one, to show for the sake of illustration."

Renouard, the historian, asks concerning Paracelsus, "how it was that a man of his character was able to exert so remarkable an influence on his cotemporaries, and fill the world with the echo of his renown," and answers in the language of Sprengel that "a revolution which is based upon mysticism finds access much more easily to the common people, than one which is effected by good sense; because the chimeras of the imagination always present themselves under the liveliest colors and excite the mind to much more activity than the severe conclusions of cold reason"—an answer which gives us the key to the success of all these pretensions and to a host of others akin to them. Contrast now for a moment the bombastic self-adulation of these men with the character of Hippocrates, whose oath I introduce here as illustrative, not only of the exalted character of the man, but also as evidence of the estimation in which medicine was held by its true followers even in his remote day.

THE OATH OF HIPPOCRATES.

"I swear by Apollo the physician, by Esculapius, by his daughters Hygeia and Panacea, and by all the gods and godesses, that to the best of my power and judgment, I will faithfully observe this oath and obligation. The master that has instructed me in the art I will esteem as my parents, and supply as occasion may require, with the comforts and necessaries of life. His children I will regard as my own brothers, and if they desire to learn, I will instruct them in the same art without any reward or obligation. The precepts, the explanations, or whatever else belongs to the art I will communicate to my own children, to the children of my master, and to such other pupils as have subscribed to the Physician's Oath, and to no other persons. My patients shall be treated by me to the best of my power and judgment, in the most salutary manner, without any injury or violence. I will neither be prevailed upon by any other to administer pernicious medicines, or be the author of such advice myself. To whatever house I am sent for, I will always make the patient's good my principal aim, avoiding as much as possible all voluntary injury and corruption, whether among men or women, bond and free. And whatever I hear or see in the course of a cure, or otherwise, relating to the affairs of life, nobody shall ever know it, if it ought to remain a secret. May I be prospered in life and business, and forever honored and esteemed by all men, as I observe this solemn oath; and may the reverse of all this be my portion if I violate and forswear myself."

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Of the medical delusions and special systems and traveling specialists—the ics, isms and pathies, that are the fashion of the present day, I shall purposely say but little. The lower order of these whose constant pererations lead them from town to town, and from house to house, and who like Paracelsus of old, claim to be the possessors of "infallible secrets against the most incurable diseases," will, for "half cash in advance," warrant a cure for "every ill that flesh is heir to," and perhaps give medicine for all from the self same bottle. Another class still like Paracelsus, boast loudly of their "numerous successful cases" and prove their success by certificates, rivaling those of Perkinism, and by statistics which show them to be in daily conflict with more of the rare and serious cases of disease than falls within the practice of a half score of their not less busy neighbors in a season. We have no argument with any of these; their motives are apparent to all, yet they infest every community and thrust their nauseous advertisements upon us from every corner.

Of the remainder of these, the special systems that under various distinguishing names have gained more or less prominence and respectibility, we regard them all as simply exaggerations of partial and fragmentary truths mostly long known to, and forming a part of, the resources of the regular profession. Concerning them, all we believe in the language of Aitkin, that they must as other special systems have done before them, "descend the same inevitable slope to oblivion, but the vast collection of facts which the founders and followers of such systems eventually accumulate and bring to notice, remain unchangeable and will continue to recur in the daily experience of the profession." Whatever of good there is in any of them will continue to live. The one idea or the few ideas which their founders have exalted into such undue importance, will in the light of future experience assert their proper relations to other equally important facts, and gradually assume their proper place in the storehouse of the profession. Even now there is not one of the prominent special systems of the day but that has drifted widely from it original opinions, and in doing so most of them are drifting nearer to rational or scientific medicine. In a certain sense all of these special modes of practice may be regarded as experiments on a grand scale, from which instructive lessons have been and may be gained ; lessons sometimes of the natural history or the natural cure of disease ; lessons of the self limited character of many of them; lessons which have led to the pruning of many an excresence, to the discarding of many a prejudice, and towards the holding fast only to that which is good.

It does not matter if thus many a theory venerable with age, and sanctioned by the unquestioned practice of generations, has crumbled into the dust ; it is truth we we seek, not theory to maintain. In all this there is progress, and "it redounds to the glory of medicine that it admits of illimitable progressive changes. In this fact lies the distinctive feature of legitimate medicine, as contrasted with illegitimate systems of practice." Medicine is at once the most conservative and the most progressive of all the sciences. With a profound reverence for the teachings and experience of our fathers in medicine—reverence because we believe they were earnest seekers after the truth, and fairly represented our art or our science, so far as it could be understood in their generations—we yet fail not to recognize the

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facts and the lessons of to-day, or to realize "that few of the principles on which we now proceed are obtained from them." We are accused of being stationary and of opposing innovations or improvements, but they must be wilful maligners or wofully ignorant who make a charge so absurd as to be refuted by the history of every generation. Indeed, is there not danger that we sometimes embrace innovations with imprudent haste, and in the eagerness for something new, forget the established character of some of the old?

What, then is our position, and what our relations to special systems? Repudiating any specific designation because such terms imply adherence to exclusive theories or dogmas, we simply declare ourselves to be physicians, doctors of medicine. We call ourselves regular practitioners sometimes, only to indicate that we belong to none of the special or exclusive systems, which by the very terms of the compact which their names imply, can but imperfectly represent medical science. Our belief and claim is that we stand on the only truly broad and charitable platform—a platform so catholic in its outreaching nature and sympathies, so pure in its purpose to gather from every source whatsoever, all that can be found to contribute to the cure of disease, the prevention of sickness or the prolongation of life, that none seeking the truth needs to stray from it: which demands of none blind adherance to specified dogmas, which asks of those who would affiliate with us, only an intelligent knowledge of their profession, an honesty of purpose in its practice, the keeping in subordination all special dogmas, and the "standing alone on professional knowledge and merit for patronage and preferment." These granted and we dwell at peace one with another, differing perhaps widely in some respects among ourselves, but according to each the unlimited exercise of private judgment, "raising no questions" as a necessary preliminary to professional association "as to theories, medicines to be used, or doses to be administered." I know of no rule or law which in the slightest degree dictates to me in these particulars, which prevents me from giving or from withholding any article in the materia medica, or which gives to me a theory or a dogma which I must adopt. In all these we are free, and seeking the truth everywhere, investigating with the most pains-taking care even the most absurd pretensions, "rational medicine is more of an electicism than a mere name," but its very catholicity of spirit itself the offspring of knowledge, destroys "all sympathy with every system of empiricism, whether the result of ignorance or design."

Descending from this platform where shall we find rest? If we find it not here, how can we find it with those who we believe are seeking to exalt what at best are but fragmentary truths, to the destruction of that grander system which seeks to aggregate to itself all that is good, from whatsoever source it may come.

For ourselves as individual physicians we have no favors to ask. If we are not able by our learning and skill to protect ourselves, then let us perish: yet we are not without a duty to the public, for they should know—and we should be their teachers—so much of the elements of our professional knowledge as will fit them to be intelligent judges between the true and the false. I am not one of those who so believe in the maxim that "a little learning is a dangerous thing" as to hold the opinion that the principles of our science should be kept within the pale of the pro-

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fession, or that it were wise to wrap ourselves in garments of exclusiveness. There is nothing in medicine so difficult or mysterious, but that its general principles may be made intelligible to the mass of the people, and to arouse them in this direction would be the surest way to suppress quackery, the surest way to make them intelligent, discriminating and obedient patients. When the people are thus aroused, and probably not till then, will they be led *for their own protection* to the enactment of such laws as will guard the entrance to the profession in such a way that a license to practice medicine, will carry with it a guaranty of some good degree of preparation therefor.

"Above all price of wealth
The body's jewel. Not for minds or hands profane
To tamper with.

Like to a woman's virtue is man's health;
A heavenly gift within a holy shrine!
To be approached and touched with serious fear,
By hands made pure and hearts of faith severe,
E'en as the priesthood of the One Divine."

To popularize medical knowledge is one of the pressing duties of the day. The field for legitimate medicine in this direction is broad, and too largely uncultivated, yet we rejoice that here and there the good work has been begun. The interests of humanity, the interests of scientific medicine, the thirst of the people for knowledge, all speak to us a lesson—that we give to the people in suitable language pure and healthful medical literature: thus may we save them from many a snare, and from many a destructive pitfall. If we believe our science to be true, let us so present it to the public mind, that its truthfulness will be appreciated, and its practice honored and trusted. If there is aught in it incapable of bearing the closest scrutiny, let that part of it fall, however venerable its usage or however largely supported by authority. Legitimate medicine claims for itself no exclusive privileges; it seeks to conceal nothing, as it needs to conceal nothing; it shrinks from no scrutiny, but ever courts an investigation of its principles and its practice, of its science and its art. In all ages it has been "the hope of the diseased throughout the world." Chiefly through its instrumentality have its great hospitals, Insane Asylums and other charitable institutions of every kind been founded, and to-day it is the custodian of the chief of them throughout the world. So active has it ever been in these works of practical benevolence, breathing the spirit of the Divine Master, Himself the great Physician, that one has termed it Clinical Christianity, and another has spoken of it as Christ's Physical Gospel.

Who can estimate it services to the world? Who can compute the value of the discovery of Jenner which has robbed the world of the terror of one of its greatest pestilences? Who can put a price upon the relief from pain secured by chloroform? How will you estimate the value of life prolonged and sickness prevented? The health of the people is both the wealth and the safety of the nation, and in the preservation and prolongation of this are being achieved, and in the future are yet more to be achieved some of the "surest and most glorious triumphs" of medicine.

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Yet great as have been its achievements in the past, there opens up before us a boundless future. The "Higher Success" of medicine is at once "the dream" and the ambition of its votaries. The triumphs of medical science in the future are to be bounded only by the intellect and heart which God shall give to its followers, for, partaking of the God-like in its nature and mission, it may reach after the Infinite.

Let us who are the custodians of its present honor see to it that it passes to the next generation untarnished, ever remembering in the beautiful language of Dr. Willis, that "the servant of religion hath not more of true sanctity about him, than the good physician. The service indeed that was rendered of old in special temples to the Divinity, conceived in one of his most beautiful attributes, is not yet extinct upon earth but has its ministering priest, ennobled by Christianity, in every worthy member of the profession. Oh, let society cherish and exalt its medical community ; let it become aware that if science cannot aid it in its struggles with disease, neither can ignorance ; that nothing can by possibility be known to the quacksalver and ignorant empiric that is not familiar to the educated physician ; that a youth of devotion to his Art is all too little to familiarize him with all the varieties of disease, and the means of meeting them successfully ; and that there is no access to the temple of medicine save through an intimate knowledge of the laws by which we live and move and have our being."

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ARTICLE III.

REPORT ON PRACTICAL MEDICINE.

By Ira Manley, Jr., M. D. of Markesan—Member of Committee.

Again your Committee on Practical Medicine is confronted by the rule of our By-Laws which requires an annual report, embodying a summary of "the recent and most practical improvements, discoveries, and advancements in the practice of medicine."

Stewart Mill says; "nearly all the thoughts which can be reached by mere strength of original faculties have long since been arrived at; and originality in any high sense of the word, is now scarcely ever attained but by minds which have undergone elaborate discipline, and are deeply versed in the results of previous thinking." It is M. Maurice I think who has remarked on the present age, "that its most original thinkers are those who have known most thoroughly what has been thought by their predecessors; and this will always henceforth be the case. Every fresh stone in the edifice has now to be placed on the top of so many others that a long process of climbing and carrying up materials has to be gone through by whosoever aspires to take a share in the present stage of the work." Your Committee does not need this high authority to exempt it from the suspicion of having originated "improvements," or made "discoveries" in the art of medical practice. The relation of personal experiences which cannot be expected to have especial novelty, although interesting to the parties concerned, does not seem to be contemplated by the rule above quoted; and the attempt to infringe it will not be made. A very brief summary of what we consider improvements on two or three very old methods of practice is all I shall attempt.

The treatment of fevers by water is attracting attention; and the rules for its proper application are now very definite; made so, through the carefully conducted clinics of such competent observers as Brande, Zeimssen, Gritt, Niemeyer, Bartels, Jungensen, Leibermeister and Hagenbach. To these the *American Journal* (January, 1875, p. 195) adds Traube—no enthusiast, but the cool keen cautious practitioner, and in this country we have the observations of the Pennsylvania Hospital of Philadelphia, which are of especial value; and now comes Dr. Flint's analysis of Dr. Currie's volumes, the first of which was published in 1797, giving this method of practice to the world. To this, Dr. Flint adds the results of his own experience.

The advantages claimed for the water treatment as summarized in the *American Journal*, are that the temperature is lowered from 1 to 7 degrees in mild cases, and seldom less than 1 degree in bad cases, by each bath, the effect remaining in

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the former 6 hours, and in the latter about 3 hours, each degree of temperature being equivalent to 8 beats of the heart, making an average of retardation according to Hagenbach of 12, or as observed by Ziemssen of 14 beats of the pulse. The effect in diminishing temperature is enhanced after a few days treatment, and the duration of the effect is much increased. During the first few days the baths are to be repeated four or five times, or as often as the temperature reaches 104 degrees which will be indicated by the general appearance of the patient, in the flushed face, and heat and restlessness.

Ziemssen considers the graduated bath superior to all other methods of applying water. The patient to be placed in water 10 degrees cooler then the body, the temperature to be gradually lowered to 68 degrees. The patient to be constantly, but lightly rubbed by the hands of two assistants; the patient to remain in the bath 20 to 30 minutes; or until in spite of the rubbing he begins to shiver. He is then to be hastily wiped, wrapped in a warm blanket, and placed in a previously warmed bed, and be well covered, then rest and quiet must be absolute. If the heart is weak, a glass of wine before and after the bath are ordered, with wrapping the legs and bottles of warm water to the feet.

The temperature is to be taken in the rectum which requires of course a self registering thermometer and about 4 minutes of time. In the axilla 20 minutes are requisite, and to keep the arm close to the side for so long a time is irksome to the patient. The general time of the baths is early morning, noon, and 7 o'clock P. M., these being the times of greatest heat.

As contra-indications of this practice are mentioned, hemorrhage of the bowels obstinate epistaxis, perforation of the bowel, and severe disturbance of the brain; also great fear of the water, though this may be overcome by using warmer water at first. Menstruation, severe bronchitis and pneumonia, are not considered contra-indications.

For this practice a very low death rate is claimed, and though it may not shorten the fever, yet, by reducing the temperature, the headache and other distressing symptoms are relieved; it removes congestions of the kidneys, wards off delirium and coma, and rouses the nervous system from excessive stupor. The dry and furred condition of the tongue, lips and mouth, are decidedly improved by the baths. Meteorism and abdominal pain, and diarrhœa, are not relieved by it, but are less likely to occur.

For want of the proper appliances for Ziemssen's graduated bath the cold pack may be substituted, although less efficient than the bath. A sheet wrung out of water at 50 degrees, four or five packs to follow each other quickly, each to last but 5 or 6 minutes. Let the patient remain 15 minutes in the fifth pack, or if already chilly the fourth, then carry to his own bed and treat as after the graduated bath. The material necessary are 2 sheets, 2 blankets and 2 beds. I can see no reason why this pack might not with good effect be graduated in temperature to correspond with the full bath. A still better method of reducing temperature is practiced in the Pennsylvania Hospital, where in urgent cases ice is applied directly to the body.

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In the treatment of Rheumatism much prominence is now given to the combination of tonics with alkalies. A full dose of bark at night gives rest, promotes sweating, and by its tonic property, probably restores the proper caliber of vessels in the inflamed parts which are permitting a stasis of blood by loss of contractility.

Very much has been hoped for from the transfusion of blood to supply the waste in Phthisis and in certain hemorrhages. Some cases are reported where great benefit has resulted, in others no appreciable good effect, and in some, positive harm. The species should be similar, to obviate the danger to the receiver, otherwise the serum is likely to destroy the blood cells of the receiver, inducing symptoms of great severity, such as an immensely quickened respiration, dyspnoea, convulsions, and even death or asphyxia may follow it. Portions of test blood taken from animals after transfusion from different species show all stages of dissolution of the corpuscles, and the urine becomes bloody and albuminous, if life is sufficiently prolonged. It will for the present require most careful consideration before we advise our patients to submit to this practice.

Among the "recent" and newest, is the attention given to some points of old practice to which the Venerable Dr. Gross alluded, at the late meeting of the American Medical Association. A venerable wrinkled German woman has pain in her stomach and feels generally out of health; she wants to be bled—we protest and advise general treatment; she persists, is bled and falls fainting at the door; a dose of "Hoffman's Drops" brings her around. The morning this is written she has had her fifth bleeding in as many years, and with no other treatment or special attention to diet, it always "cures her." After the hard work of harvest a strong young man complaining in a similar way has for several years contracted to have sixteen wet cups applied to his back—with slight attention to his diet he is cured. These are instances of numbers of similar cases. If in this class seemingly the least adapted to depletory treatment we see no harm, but possibly good result, may it not be possible that many of this class who get a small and some a full bleeding—just for the "moral effect" as we have been in the habit of reasoning—in pneumonia and kindred diseases are really benefitted? They certainly appear to be; and I fully believe if the practice with the strong and young or middle aged were more common we should have here less of splenization, and probably much less of waiting for resolution of hepatized lungs, with the accompanying risks.

These suggestions are to be received with great caution. It would, probably, by no means be desirable to have venesection restored to its once formidable place, as we now have appliances for controlling the heart, which are safer and more permanently efficient. With the utmost deference for the opinion of the eminent Dr. Gross, we can hardly consider this one of the lost arts; but one of the potent remedies now generally held in strict subordination to its legitimate use.

Some of the cases alluded to above, may properly be classed among the curiosities or accidents of medicine—these growing out of a difference of nationality. Had

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either medical attendant or patient fully understood the language of the other; reasons might have been given for modifying the practice while the "moral effect" of the prescription was retained. To talk of the moral effect of blood-letting may shock some who are in the habit of getting the benefits of a properly aroused "imagination" or "expectation" from inert globes of sugar or bread—but circumstances may make it equally legitimate and effective.

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ARTICLE IV.

THE ANIMAL LIGATURE AS A HAEMOSTATIC AGENT.

By S. Marks, M. D. of Milwaukee, Chairman of the Committee on Surgery.

The By-Laws of this Society make it the duty of the Committee on Surgery to report annually the improvements, discoveries, etc., in the Surgical department of our Profession—no small undertaking at this time, when the amount written laying claim to such discoveries, and improvements, is truly appalling to any one desirous of being thoroughly conversant with the surgical literature of the day.

The usual number of new surgical operations, new instruments and appliances, as well as a great number of new theories have been brought before the profession during the past year, all of more or less interest to the man who devotes his time to the study and practice of surgery, but must fail to have the same interest for the general practitioner who seldom assumes the responsibility of grave surgical cases, except under extreme circumstances.

There are, however, certain accidents, and among them we may mention such as cause excessive hemorrhage, that require immediate treatment, and it is expected that every practitioner will be thoroughly competent to properly deal with such cases.

It is to the treatment of hemorrhage after accidents and operations that I wish to invite your attention. Notwithstanding the ligature composed either of silk, or flax, has been the principal haemostatic agent in the hands of the surgeon since the days of Ambrois Pare, its objectionable features have been fully recognized, and discussed, and from time to time, various other means have been devised for permanently closing divided arteries. At one time accupressure bade fair to supersede the ligature as it was quite extensively used, both in Europe and America, and certainly could claim for its advocates many eminent men. A few accidents, however, following its use in the way of secondary hemorrhage, soon led to a distrust of its efficiency, and after a thorough trial principally in the larger hospitals of Scotland was condemned as unworthy of confidence as a haemostatic agent. There are those at the present time who recommend torsion, not only for the smaller, but the larger arteries, such as the femoral and brachial, and claim for it equal safety with the ligature.

Prof. Weber, of Cleveland, Ohio, has of late devised and brought before the profession a new method of permanently closing divided arteries, to which he gives the name of aerteriversio, which consists in "turning the end of the vessel inside out, as we would turn up the cuff of a sleeve." He says, "By so doing we would

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obtain double or treble the amount of contractile force, and also furnish an equivalent for retraction." In speaking of his experiments he says, "Experiments on dogs soon taught me that what appeared at first glance so very difficult was quite easy." "But another difficulty presented itself which then seemed an insurmountable obstacle to the realization of the object of our investigation, viz: The fact that after the reflection was made the alternating distension and contraction of the vessel soon forced the reflection back to its original position." "While, however, the reflection remained in situ, the quantity of blood oozing out was very small."

"We selected the iliac, and aorta abdominalis for these experiments, and found that in the former it required about ten beats of the pulse before the vessel was straightened out again, while in the latter only about six were required." "I hope, however, to overcome the first difficulty, by making the reflection quite extensive, and with a view of securing it in place notch the vessel at the point of reflection, so as to enlarge it there, and thus offer an obstacle to its slipping back." "If this should not prove sufficient I propose to introduce immediately behind the point of reflection a little delicate peg made of the end of a number 12 English sewing needle." The Professor reports several cases where he employed this method with success.

I do not propose to discuss the merits of the above named methods of arresting hemorrhage, as they must be thoroughly tested in our larger hospitals, and their safety proven beyond the possibility of a doubt, before the general practitioner will feel himself justified in trusting a divided femoral or brachial artery to torsion or aerteriversion alone in private practice, and in the mean time will continue using the ordinary ligature, with all the objections that can be urged against it unless he can be provided with a substitute equally simple and efficient, and free from such objections.

I believe we have such a substitute in the properly carbolized animal tissue. I am aware that ligatures made from such tissue have been used more or less by a few for some years past, but we feel that the great mass of the profession throughout the country have not thoroughly considered its many advantages over silk and flax, consequently it is not in very general use. Cat-gut, such as we find in music stores, when properly prepared makes good ligatures for some purposes. Last winter my friend Dr. Lynde, of Oshkosh, kindly furnished me with a quantity of sinew from the wild deer, which I carbolized and of late have used quite extensively as ligatures and sutures. I like it better than any tissue I have used for that purpose, as it can be stripped up into any size desirable, is pliable and strong, and I believe keeps its hold when tied with more certainty than the ordinary cat-gut. The method used for preparing the tissue is that recommended by Lister, of Edinburgh, and is as follows: Take one part of crystallized carbolic acid, deliquesced by means of water, and mix with five parts of olive oil. Place the mixture in a jar, having a partition ot glass supported by pebbles a short distance above the bottom to afford space for the water that slowly subsides to accumulate in, and keep it from coming in contact with the tissues packed loosely in the upper part of the vessel. The jar should be kept in a cool place, and the tissues allowed to remain in the mixture of oil and acid for at least two months before they are suitable for

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use. It is said that the tissues go on improving in quality for an unlimited period, if retained in the same mixture. "It is of the utmost importance that the cat-gut be rightly prepared, for if merely imbued with an antiseptic salt it is utterly unfit for surgical purposes, becoming soft and slippery when moistened, so that it will neither bear the required strain, nor keep its hold when tied.

Combining the experience of those who have had ample opportunity for thoroughly testing this ligature, with our own we are satisfied that it fulfills all the conditions of a perfect haemostatic, combining absolute security and universal applicability of the ligature with virtual absence of any foreign body from the wound." It can be applied to divided arteries after operations, such as amputations of the thigh, the ends cut short, and the flaps closed without any fear of its increasing the inflammation, or irritation, and does not in the least prevent or retard union by first intention, as it is either absorbed, or converted into living tissue. Those desirous of testing the truthfulness of the assertion that it is absorbed have only to use the carbolized cat-gut as sutures, when it will be found after a few days that the knots can be easily brushed off, that part of the stitch imbedded in the living tissue having disappeared.

The only evidence I have to establish the truthfulness of the assertion that it may be converted into living tissue is Lister's experiment which is as follows: "The carotid of a calf was tied with cat-gut as well as with strips of peritoneum of an ox; all soaked in a saturated aqueous solution of carbolic acid. Thirty days afterward, the animal in the interval having been in perfect health, was slaughtered and the parts examined. There was near the vessel no inflammatory thickening. It appeared at first that the ligatures existed just as when first applied; but on careful examination it was seen that they had actually become converted into living tissue; just as the carbolized blood had become organized in case of antiseptic treatment of wounds of the surface. The two pieces of cat-gut which had been tied around the vessel at that point, had become as it were fused into a single fleshy band blended with the external coat of the artery.

It appears then by applying a ligature of animal tissue antiseptically upon an artery whether tightly or gently, we virtually surround it with a ring of living tissue where we obstruct it."

Whether the animal ligature is absorbed or converted into living tissue as in the above quoted experiment, its superiority over the ligature of silk or flax, is evident not only in its application to divided arteries, but in case of ligating an artery in its continuity, as we avoid the risk of secondary hemorrhage due to the ulcerative process following the application of silk or flax, a process necessary to the liberation of such ligatures.

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ARTICLE V.

TRANSPLANTATION OF BONE.

By N. Senn, M. D., of Milwaukee, Member of Committee on Pathology.

During the present century the cultivation of plastic surgery has been so diligently pursued that it now constitutes the most attractive and satisfactory branch of operative surgery.

Until within the last few years transplantation of tissue was limited to the soft parts, but since the experiments of Ollier on animals, similar operations, based on the same principles, have been performed on bones.

In the reparative process of all injuries of the skeleton the osseous tissue performs such an important part that it naturally suggested itself as a matrix to furnish osteogenetic material to parts deficient in this substance. After extensive destruction of the shaft and periosteum of a long bone, either by traumatic causes or disease, nature is frequently unable to repair the loss, and a psenudarthrosis remains as an unavoidable result, rendering the limb useless or even burdensome to the patient.

The simple transplantation of periosteum having so frequently failed to supply the deficiency of osseous material, surgeons have resorted to plastic operations on the bones to remedy the defect.

The first experiments of this kind were made on animals by Ollier in 1868. With the crown of a small trephine he removed circular pieces of bone from the skull of guinea pigs, and after their replantation union occurred in due time.

To prove that the closure of the opening in the skull was not owing to deposits of new bone, he injected the vessels of the specimens, the results proved conclusively, that the pieces of bone had firmly united throughout their whole circumference.

Philip von Walther operated by replantation on the skull of a dog with the same satisfactory result.

Philipeaux removed disks of bone of 9 Mmtr. in diameter from four guinea pigs 40 days old, transplanting them from one animal to the other, closing the wounds accurately after the operation. No serious symptoms followed. One of the animals was killed 14 days after the operation, no union had taken place. The remaining animals were killed respectively after 20—25—30 days. In the one killed after 20 days the disk had united three-fourths in its circumference, the remaining one-fourth was separated from the margin by a fibrous mass, superficial necrosis had taken place at the margins of the disk, the process of union had taken place mainly from the internal table.

In the third animal which was killed on the twenty-fifth day, halt of the transplanted disk was found destroyed by resorption or necrosis. The deficiency being

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occupied by connective tissue ; at the floor of the wound new bony deposits were found firmly united with the internal table of the surrounding osseous margin.

These experiments prove that in animals detached pieces of bone devoid of pericranium or dura mater if transplanted may retain their vitality and their capacity to reproduce new bone when placed in close proximity with a raw surface of bone.

In ancient medical history we read of a case where a somewhat similar operation was successfully performed on a human being, the accounts of which, however, appear so comical as to cast considerable doubt upon its veracity. It is said that von Meekren transplanted on the skull of a Russian soldier, who had suffered a partial loss of the cranium by a sabre-wound, a corresponding portion of the skull of a dog, with the soft parts attached to it. It is said that union occurred and the case progressed favorably.

B. von Langenbeck was probably the first one who actually performed transplantation of bone in the human subject.

To prevent the depression of the newly made organ after rhinoplastic operations he constructed an osseous arch by making three cuts with the saw into the bony portion of the nose, placing the two lateral pieces in opposition at the mesian line thereby creating a firm support for the super-imposed soft parts. This accessory procedure has proven satisfactory in the hands ot Langenbeck and Nussbaum, although in some cases partial necrosis of the transplanted pieces of bone occurred.

Buehring applied transplantation of bone for closing the deficiency in cleft palate, by splitting off on each side of the cleft a narrow piece of bone bringing them in close opposition in the centre. These cases terminated all unfavorably. The pieces of bone lost their vitality, and became necrosed, leaving the gap in most instances three times larger than before the operation.

In partial excisions of the lower jaw, transplantation of small pieces of bone, by producing new bone, have frequently prevented the unsightly lateral displacements following such operations.

Almost every surgeon has observed in treating comminuted and compound comminuted fractures of the long bones, that some fragments almost entirely detached, would, under favorable conditions, retain their vitality and unite with the shaft during the reparative process.

This fact, and the results obtained from experiments on animals, induced Prof von Nussbaum, of Munich, to perform an osteoplastic operation on the shaft of a long bone. This case, being the first one reported, terminated so favorably that I will briefly report it.

H. Kraus, a lieutenant of the Prussian army, received a severe gunshot wound of his right forearm, in the battle of Mars-la-Tour, August 16, 1870. The ulna was shattered at its middle, the fragments necrosed, the periosteum undoubtedly was also destroyed either by the injury, or during the subsequent inflammation, as the arm presented at the time of examination, a false joint with an interspace of four inches between the ends of the bones filled by cicatricial tissue.

Although the radius remained intact, the function of the arm was so much impaired as to render the patient an invalid for life. As the patient was in excellent health, and determined to have the operation performed, Prof. von Nussbaum operated at his private hospital, July 14, 1873.

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After the patient was under the influence of chloroform a longitudinal incision, parallel with the bone was made, exposing the false joint; the two ends of the bone were found conical, covered with cartitlage and connected by means of a ligamentous band of firm fibrous tissue; these were removed with a strong pair of scissors; the upper portion of the ulna was now divided with a saw two inches above the false joint from the posterior side through half of its thickness, and the piece of bone with its periosteum removed with a sharp chisel, care being taken not to sever the periosteum at its lower end, so as to preserve its vascular connection with the main shaft as completely as possible. This piece of bone was now placed in the interval between the two ends of the bone, so that its former upper surface became its outer, its former under side becoming the inner and its former outer side the upper. The indurated tissue between the two ends of the bone were deeply incised by a long itudinal incision for the purpose of creating an adhesive inflammation.

The hemorrhage was carefully arrested with an aqueous solution of carbolic acid, and the wound closed with seven interrupted sutures. The arm was immediately placed in a fenestrated plaster paris dressing. For four days after the operation the patient suffered from fever and complete anorexia. The swelling, redness and suppuration were moderate in the beginning, but two weeks subsequently the discharge became foetid, which lead to the supposition that the entire piece of bone had become necrotic.

Four weeks after the operation a narrow sequestrum nearly an inch in length escaped, which probably was the sharp injured edge of the bone, caused by using the chisel. After this the foetor immediately disappeared, and the wound subsequently healed very kindly.

During the latter part of August the plaster paris splint was removed. The transplanted piece of bone could be distinctly felt throughout, having become united with the upper and lower fragments, but the function of the fore arm, more especially pro and supination was still defective.

In December of the same year the patient re-entered the army, having recovered perfect use of his arm.

The satisfactory termination of this case may encourage other surgeons to resort to transplantation of bone in kindred cases, thereby extending the benefits of plastic surgery to a class of patients which heretofore have been regarded as incurable by the profession.

From the preceding remarks we may arrive at the following summary conclusions:

1. In animals, replanted and transplanted pieces of bone have retained their vitality, and formed bony union.

2. In the human being, transplantation of bone has occasionally been successful, but more cases are necessary to establish the value of the operation.

3. In performing the operation, the piece of bone to be transplanted should retain as much as possible its vascular connections with the bone from which it is taken by means of the periosteum and soft parts.

4. The wound should be accurately closed to prevent the entrance of air.

5. Excessive inflammation and supperation should be guarded against by using the most improved method of antiseptic dressing, and procuring immobility of the parts by appropriate mechanical support.

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ARTICLE VI.

PUERPERAL INSANITY.

By R. M. Wigginton, M. D., Assistant Physician of the State Hospital for the Insane—Member of Committee on Pathology.

This is a form of mental disease affecting the parturient female; and we may find it in all its phases, from that of violent mania to the lowest form of acute dementia; and from that of simple mental depression to the most abject melancholia. We may also occasionally be brought in contact with cases of dementia proper, which is, of course, a chronic form of the disorder. Puerperal insanity is liable to occur at all ages, under the various predisposing and exciting causes common to the puerperal state. It will appear during gestation, at labor or soon after, and also during the period of lactation. It may appear in any of its forms, during either of the above mentioned periods. And again, the same patient may take on all the various phases of the disease either before or after parturition. That is, she may change from one form to the other. However, each of the above periods selects, as it were, its own special form of mental disease.

To illustrate, during gestation the usual form observed is that of mental depression, or melancholia; but during the first two or three weeks immediately following labor, the most common form, by far, is that of violent mania. And again, after the immediate excitement of labor and the earlier efforts at lactation have passed off, we notice that the melancholic type of the disease is the most common form. The reason for this is quite obvious when we understand that the special type or form of the disorder depends more upon the physical health of the patient at the time of the attack, than it does upon the particular exciting cause. Dr. G. Fielding Blandford gives a very decided opinion in this direction.

Thus, in melancholia, we shall have the spare, sensitive, and so-called irritable or nervous temperament, frequently bordering upon an hysterical state; or the patient may have been worn down by hard work, vexations and disappointments, and possibly abuse. And this may especially be the condition in those cases which occur before labor.

In the maniacal cases we usually find the robust habit, or at least, a moderate degree of physical health. In these cases there must be some inherent tendency, or predisposing condition, present in the patient's organism sufficiently potent to generate disease when fanned into existence by the exciting influences of parturition and the primary efforts at lactation.

In melancholia which follows labor, and which generally occurs after the first two or three weeks of lactation have passed by, we will usually have a condition

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of bodily enfeeblement, brought on rapidly by the depressing influences of a protracted labor, severe hemorrhage, stoppage of the lochia, ill efforts at lactation, insufficient food and attention, and the like.

And in the management of these cases it will be well to mark distinctly the particular form of insanity we have to deal with. In melancholia we shall have the suicide; in mania, the tendency will often be toward homicide. And again, the same patient may manifest a tendency toward both suicide and homicide; but this is not so frequent a condition. Each of these forms will require special and appropriate treatment.

During the past year, of the female admissions to the hospital, over one-fifth of them have been cases of puerperal insanity. Six were maniacal, six melancholic, and two demented. Of the maniacal, five occurred during the first three weeks after labor, and one took place after that time. Of the melancholic, one occurred before labor, and five subsequent to the first three weeks after labor. Two were cases of dememtia when admitted, and had been insane a long while; one took place soon after confinement; the other had originally been a case of mania, but the records did not state exactly how long, after labor.

Dr. T. Batty Tuke, of the Royal Edinburgh Asylum says, "Of 155 admissions, 28 were cases of puerperal insanity, that the melancholic type predominated, and that the suicidal tendency was quite marked." And in quoting from Dr. Blandford, he says, "Of 54 cases called by Dr. Tuke "insanity of lactation," 10 were examples of acute mania, 39 of melancholia, and 5 of dementia. Other authorities might be quoted.

The above statements seem to show that a very large proportion of the female admissions to hospitals are cases of puerperal insanity, and that they constitute a very important class of mental disease. Undoubtedly, the saddest of all diseases is that of puerperal insanity. It is calculated to arouse the deepest sympathies and consideration from all concerned; and in no disease are the qualifications of the physician so thoroughly and completely put to the test. Bucknill and Tuke, in speaking of this disease, say, "The excitement resulting from the puerperal state is so important, that it merits special attention. It is a disorder which invades the sick-chamber at a time when it is most acutely felt; nor is it of very rare occurrence." In looking over the records of our institution I find that within the past six years, more than one physician has sent half a score of these cases to the hospital for treatment. And they will occur in all the walks of life; the high and the low, the rich and the poor, the intellectual and the ignorant. Esquirol, of France, one of the greatest lights in psychological medicine, says his greatest number of puerperal insane came from the higher walks of life. This may be accounted for from the various baneful effects of a luxurious habit of living.

The records of different institutions will vary in this particular. It will depend much upon the localities of hospitals, or whether they be public or private. In our own hospital the majority come from the middle and lower walks. Having said sufficient to point out the prevalence of puerperal insanity in our midst, and its importance as a nervous disease, I will now consider the diagnosis, prognosis and treatment.

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Diagnosis. Usually it is not difficult to diagnose a case of puerperal insanity. In a case of mania, for instance, the symptoms are so marked and severe, that there can be no mistake; and in cases of melancholia the depression and mental obliquity will be so great that a novice need not err in coming to a correct conclusion. But occasionally you will be called to attend a case which may elicit considerable doubt; and owing to the extreme delicacy necessarily used in these cases, and a little temerity on your part, and for safety to yourselves, you may be led to err upon the wrong side, greatly to the disadvantage of the patient. All the conditions and bearings of the case should be carefully balanced, unbiased, in the mind of the physician, and in all doubtful cases counsel should be had; and when a conclusion has been arrived at, no hesitancy should be entertained for a moment in giving your conclusions to the friends of the patient, for the welfare of the latter is paramount to every other consideration.

As a method of procedure, in the examination of these cases, I cannot do better than to quote from Dr. Bucknill in his Manual of Psychological Medicine. He says, "After testing the fundamental faculties, the attention, the memory and recollection, and the judgment, which may be done by ordinary conversation on any subject, it will be well to give up the idea of any metaphysical or phrenological system of mind, and to conduct the further examinations upon a plan laid down upon the active duties and relations of life. The patient may be led to give an account of (her) own powers of body and mind, with reference to health, to exercise, diet, and study. Thousands of delusions are entertained by insane people upon these subjects. * * * * (She) may then be led to converse of (her) near relatives and friends, and especially respecting (her) birth and parentage. * * * The subject of religious opinion may then be introduced. The religious devotions and exercises which (she) practices may be inquired into, with the reasonable expectation of finding insane delusions on a subject which touches the deepest sentiments of the soul. If the patient is an educated (woman) it will be right to converse with (her) upon politics and science. If (she) can stand the test of a discriminating inquiry on these and similar subjects, (she) certainly cannot be the subject of mania; and if (she) has any delusions, (she) must either retain the power of hiding them, or they must exist in some obscure corner of the brain, from which they are little likely to influence, with any force, the opinions, the feelings, or the conduct."

Prognosis. The per cent. of death in puerperal insanity is not large.

Of the fourteen cases already spoken of, not one has died up to this date; but the prospects for recovery are not quite so flattering. Four have been discharged recovered; five will probably recover; and five will not. Of the non-recoverable, two have improved. If four of the five recoverable get well, which will be a high estimate, we shall have eight recovered out of the fourteen admissions, giving us but 57 per cent. But of the five hopeless cases, three had passed the period for recovery before they were admitted. Of the maniacal cases, or probably more properly acute cases, many never reach the hospital, the result being often terminated rapidly in recovery or death; and this is especially so in the most violent form of the disease.

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The maniacal cases treated by Brierre de Boismont recovered "on an average in about a week." Bucknill and Tuke state that "perfect recovery of the mental faculties follows in a large proportion of instances." "Two-thirds of Esquirol's cases were cured within the first six months after the commencement of the attack." "Eighty per cent. of Dr. Macdonald's cases recovered." It must be remembered that the above figures take into consideration many cases that are incurable when admitted. There is very little doubt that if the estimate of recoveries were based upon recent cases only, the per cent. of cured would be much larger. Of all those who consulted Dr. Gooch, he says he knew of only two who did not recover, and one of them was insane before marriage.

Treatment. This will consist simply of the management of these cases outside of the hospital. It has been seen that many of the acute and violent cases run through the attack rapidly, and generally terminate in recovery or death. And this often takes place at home, and before they can be removed to the hospital. And again, it is not always possible to get them admitted immediateiy. Various circumstances will arise to prevent. And in fact, it may not always be prudent to remove them at once; and this will especially apply to many of the extremely violent, and the very feeble cases, and also to those suffering from exhaustion with delirium.

Puerperal Mania. From what has been said it will be remembered that this form of puerperal insanity usually appears within the first two or three weeks subsequent to confinement.

The patient has probably enjoyed good health during gestation, and, belonging to the working class, she has kept up her daily toil even unto the hour of her delivery. It may be her first confinement; or perhaps one of many; and it may not be the first attack. Probably labor has been quite natural, unassisted by instrumental interference, and not protracted. The febrile symptoms which usually accompany the efforts at lactation have been slight; and to the casual observer nothing has occurred to excite suspicion or apprehension of approaching mental derangement. But, apparently all at once the mind is dethroned.

The loving and affectionate mother, who has so recently had charge of her household, has suddenly been deprived of her reason; and instead of being able to throw around her family that halo of former love, she is now a violent maniac, and feared by all. She has suddenly fallen from a high state of responsibility to that of abject dependency, and is entitled to the purest sympathies and considerations from her friends, and the most strenuous efforts for her recovery. She has been exemplary in all things; she is now violent, profane, obscene, destructive, and too often homicidal. And the profanity and obscenity of these cases may, to a considerable degree, be looked upon as pathognomonic.

Again, her delivery may not have been natural. It may have been protracted; mechanical assistance may have been resorted to; the lochia has probably suddenly ceased; or the febrile condition accompanying lactation may have been marked; or the latter has suddenly terminated; and we know how intimately associated are these functions, by sympathy or reflex influence, with the brain and its manifestations.

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However, the physician will be suddenly called to attend these cases; and the above, more or less, will be the conditions presented to him on examination of the patient. The head will be found hot and aching, and the pulse rapid and variable; the tongue coated, and bowels constipated; the countenance wild and restless, and the eye apparently more prominent. The sense of hearing will be found very acute, and a general watchfulness, suspicion, and anticipation marks the whole person.

She has probably taken a little food in an irregular and interrupted manner, and is very likely suffering from insomnia. Now what is to be done? The above conditions must be met promptly, firmly and intelligently. We have seen that the patient may be homicidal. Her affections are changed from that of love for her family to that of hate and revenge, and under the influence of delusions she may satisfy these morbid impulses by actual homicide, and this propensity is frequently directed toward her last born. Then the infant must be separated from its mother, and do not allow yourself to be deluded by any apparent affection on the part of the latter, for in a sudden freak of her heated brain and morbid imagination she will accomplish its destruction.

The mother can best be taken care of by some one outside the immediate family; one or two will be sufficient. You must be particular to impress this upon them, for upon this point will frequently hang the chances of her recovery.

Keep all the curious away. If her family or so-called friends annoy her, keep them away. Suffer no importunities of theirs to thwart your efforts for the comfort and restoration of the patient. Enjoin rest. If she has suffered from want of sleep, this can usually be brought about by an enema, followed by one or two doses of hydrate of chloral of from twenty to forty grains each. I would not advise the use of opium in any of its forms in this stage of the disease. It will do more harm than good.

Bags of ice to the head and neck, if kept on, would be of use at this time. Bromide of potassium may be given; and despite the many who doubt its effects, it certainly has a soothing effect upon the excited system if given in sufficiently large doses, and its action watched. Twenty grain doses may be given with benefit every three or four hours. It may be given in combination with hydrate of chloral, and it will not be out of place here to state that it will be well to guard against the cumulative effect of the latter medicine. It is well known that under a state of violent mania the drug may not be taken up into the system, as soon as administered, and very little or no effect produced; other doses may be added at regular intervals, obtaining finally the cumulative effect, which may be overwhelming to the patient. Generally it will be best to dry her nurse by degrees, and to keep down inflammation of the glands by appropriate applications and proper medication. It may become necessary to use some form of restraint or confinement. If so, tone it down with as little show of severity as possible, and try to convince the patient that it is a matter of necessity. And in the application of these measures avoid all manifestations of resentment; for the patient will frequently have a vivid recollection of all that took place during the attack. It will often be noticed that the patient will tolerate mechanical restraint with a great deal more grace than she

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will that of a manual nature. A darkened room will frequently be desired by the patient, but there are exceptions to this.

While these measures are being instituted, it will be well to take the necessary steps toward getting her admitted to the hospital, should this be finally deemed advisable. And now, as to the length of time the patient should remain at home before the latter step be taken, is a matter which cannot be satisfactorily answered here. Each case must be judged by its own merits. The great fear, however, is that they will be kept at home too long.

I would simply say that if, in these severe cases, there is no manifestation of improvement during the first week or ten days of the attack, other things being equal, they ought to be removed to the hospital for treatment. And this the physician must insist upon; for it will be remembered that every day of procrastination at this time will greatly lessen the chances for her ultimate recovery. Tell the patient plainly where she is going, for what purpose, etc., and screen her from the public as much as possible on her journey to the hospital. Let her be accompanied by a man and woman, or by her attending physician.

Puerperal Melancholia. This form of mental derangement, as has already been stated, generally makes its appearance during gestation, or after the more immediate effects of labor and lactation have passed off. The patient has generally been in a state of poor physical health for a longer or shorter period of time; or has been what is called irritable and nervous, and not unfrequently subject to hysterical symptoms. Or very likely she has been reduced rapidly by one or more of the exhausting concomitants of labor, which have already been mentioned. It would be natural to suppose that this train of symptoms would give rise to a condition of melancholy.

The physician is called to attend one of these cases. What are the indications? You will probably be struck at once with the unnatural appearance of the patient. Her friends will tell you that she refuses to eat; that she has taken nothing more nourishing than a little water or tea for many days past; that she is constantly lamenting her lost condition, and that she has more than once manifested decided inclinations toward suicide, and has very likely made the attempt. Her countenance wears an aspect of complete dejection, and she refuses to be comforted. The pulse is weak, and often accelerated; the tongue furred; the skin dry and scaly, or clammy and cold; the bowels often almost immovable, and impacted. Her affections and instincts for her child are changed and abnormal; the pupil of the eye dilatable and frequently large, and again it may be much contracted. Again, she may be more systematic in her conduct, or calculating and premeditating; in which latter condition her acts of violence to herself and others, when they do occur, will be sudden and, too often, fearful to contemplate.

If her physical health is sufficiently good to warrant her removal to the hospital, this should be done without delay. But, while measures are being taken for the accomplishment of this purpose, there is still something for the physician to do who has her in charge.

If she refuse to eat, means must be used for giving her food. If you have not at hand a stomach pump, with the assistance of two persons, and a couple of table

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spoons, you will generally succeed in giving her sufficient nourishment. Have your egg nog, beef tea or extract ready. Seat the patient in a chair; let one stand behind to hold the head and spoon in position, after the latter has been inserted into the mouth with the bowl uppermost. Let another stand at her left to hold her hands. Now with the other spoon pour the food gently over the one in the mouth; and if necessary, close off respiration by the nose at intervals. In this way you will generally succeed in giving sufficient food, or even medicine.

For the constipated or impacted condition of the bowels, an enema will be far the best; and as the patient begins to take liberal quantities of food this latter matter will usually right itself. If it is found that the bowels do not respond readily after this, a saline laxative may be given daily for some time; or better perhaps, aloes or rhubarb in combination with the salt.

There is frequently found a considerable degree of restlessness and inability to get sufficient sleep. Under these circumstances it will be necessary to administer an hypnotic; and from the fact that the patient is feeble, and that the want of sleep and rest is due to this condition, it will be frequently found advisable to give it in combination with a good egg punch, the effects of which are often very happy indeed. In this form of the disease may be given with decided benefit, some preparation of opium. We usually combine it with hydrate of chloral, giving about twenty to thirty drops of the former, (Tr. of opium), with fifteen grains of the latter in watery solution. Opium in some form will be found beneficial given in regularly repeated doses for its stimulating and soothing effects. This may be kept up for days at a time, by bearing in mind the necessity of an occasional laxative. As every case of melancholia, psychologically considered, is in a condition of suicide, which may be developed at any moment, it will be necessary to guard well against the consummation of this act. Of course she must not be left alone; and all means by which she may be tempted must be removed. If she is persistent in her efforts, double diligence must be used; and it will be frequently necessary to place some slight restraint upon her hands or person.

There is another condition frequently found in connection with the melancholic state; that is, a condition of delirium with extreme exhaustion. These are very unpromising cases. It is also common after a continued attack of mania. There is little hope of recovery, dissolution finally taking place after all efforts for their restoration have been exhausted, the delirium and mental confusion continuing up to the last moment. To attempt the removal of such a patient to the hospital at this time, would be an act of cruelty, and should not be considered. But all means at hand should be used for the amelioration of her sufferings, if not for her recovery. Stimulating and nourishing injections may be given, and a little food in a concentrated form, requiring again, very likely, use of the spoons in its administration.

The thing to be kept constantly before the attention of the physician is the attainment of rest, and the stimulation and building up of the exhausted vital powers. If this can be done, the patient will get better, if not, she will die, and that before long. Fresh iced arrowroot repeated frequently will be found very grateful, and

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also bits of ice to the lips. Opium in small and stimulating doses will frequently prove beneficial; not always. Chloral will be better. Either may be given, hypodermically, if there be any objections to administering it by the mouth.

We have had these cases brought to the hospital in the above low condition; and it does not require a great stretch of the imagination to conclude what has been the termination.

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ARTICLE VII.

REPORT OF THE COMMITTEE ON NEW REMEDIES.

By L. G. Armstrong, M. D., of Boscobel, Chairman of Committee.

Since the last decenninal revision of the U. S. Pharmacopœia, a very large number of *new remedies* have been brought into notice by the medical profession, of which not a few have been found to be worthy additions to the already voluminous Dispensatory. Of the class which it is supposed to be the especial province of this committee to investigate and bring to the notice of this association, we find that some have never been pushed upon the profession, beyond their first notice or introduction. Others have come forward with a rush, have been advertised by every possible medium of printing, yet when put to the practical test of utility in curing disease, have been found worthless, but after culling out this class of exotics, there still remains a very valuable number of additions to our list of practical remedies, the most of which are recognized as officinal, and fully treated of in the Pharmacopœia. It is to this class that your committee would invite your attention. In the brief notice, which each article shall receive, no attempt will be made at extended or exhaustive detail, either as to botanical classification or ultimate chemical analysis.

The number of absolutely new remedies introduced to the medical professsion during the last year has not been very large, but quite a number of new preparations of remedies long known to the profession, have been brought forward. The main study seems to have centered upon the better understanding of the physiological effect of medicine in controlling pathological conditions. The field is a wide one, and right well has it been looked over: many obsolete views have been done away with, and the light of intelligent physiology is being called in, to help classify the materia medica, and the medicines are prescribed with an assurance that they will meet the wants of the case. New remedies, and new applications of old remedies, have done much to establish the correctness of new pathological views. This has been done in two ways. First, by endeavoring to understand the effects of the remedy when administered alone. Second, by determining the effect the remedy may have in neutralizing the effects of other remedies when purposely prescribed for overcoming some pathological condition, or in neutralizing the effects of poisons when taken as such. As typical cases of this mode of comparison we will use the well known ones of belladonna and opium, in neutralizing and causing, states of congestion, especially of the brain and the vaso-motor system.

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By this mode of medication the profession are fast learning that a new era is dawning, and that the early stages of many diseases are really affections of the nervous system, and that the early stage is shown by the effects upon the blood vessels. This is markedly so in epilepsy, insanity, delirium, etc. The only objection or hindrance to the successful carrying out of these views in practice, is that the true condition is not understood in the present state of knowledge of pathology, one author stating that here is a condition of congestion, another, that it is anemia, and another still, that it is one of hyperaesthesia to be immediately contradicted by another who says that all this arises from paralysis. All these are worthy the patient, careful study of each member of this association.

As examples best understood, the following may serve to explain how one remedy may oppose another, viz: Opium by belladonna and *vice versa*, jaborandi to atropine, or atropia to physostigmin.

The newly discovered remedy jaborandi seems to have an effect exactly opposite to belladonna in its action on the salivary, sudoral and mammary secretions, also on the minute arteries, and upon the pupil of the eye. That is to say, a given dose of jaborandi having been used and profuse salivation having occurrred, the injection of atropine stops it at once. Then again after jaborandi has contracted the pupil of the eye, atropine dilates it in a few minutes.

Boldo. This is one of the latest novelties offered to our materia medica. The leaves are used on account of the aromatic oil contained. The alkaloid discovered has been called *boldine*, by Claude Verne and M. Bourjoin, the joint discoverers. In South America, the plant is a popular remedy against diseases of the liver and in syphilis. The preparations used are in the form of extract, essential oil, wine, syrup and elixir. The leaves and flowers alone are employed. If used too freely, vomiting is induced. It bids fair to become a useful addition to the mild aromatic alteratives, in cases of debility following fevers, and the more marked cachexia of venereal origin.

The Pneumatic Aspirator. The use of this instrument being attended with so little of surgical display, we class it among the new remedies, rather than give it a place in the surgical *armamentarium.* If it has not met all the anticipations of the expectant profession, has at least been proven, that it is reliable in many forms of serous effusion, and much more speedy and sure than any known remedial action of drugs. It has also proven the fact that paracentecis thoracis is not so dangerous a remedy as it was thought to be. We have gathered of the history fifty-seven successful cases wherein it has been used in pleural effusion, without any single case of absolute failure. It has at least taught us that its early use is much safer than when long delayed, or after the system has been broken down by the profuse use of mercurials, or large and frequently repeated blisterings.

Ergotin—as a means of arresting hemorrhage, and in the treatment of uterine fibroids, is comparatively a new remedy and worthy of much further attention on the part of practitioners. The fashionable if not the preferable way of using ergotin is by hypodermic injection, the ordinary syringe being used, or if great accuracy is desired the syringe of Pravaz is perhaps the best, as it is so graduated that it carries exactly a grain at each time. A solution of five grains to the drachm of glycerine,

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seems to be the one best adopted to general use. The local effect of the injection is not particularly marked, yet it is usually followed by more or less redness and swelling, with subsequent induration of the part which seldom goes on to the point of suppuration, but subsides in a few days, leaving only a small discolored spot, in part owing to the imperfect absorption of the medicine. It has been tried most frequently in cases of haemoptysis, where it has been of marked benefit. It has also been used in cases of epistaxis, and in hemorrhage of the stomach and bowels, and in severe cases of menorrhagia.

The metrorrhagia which accompanies uterine fibroid was found to be very much benefitted by hypodemic injections, and it is to this class of cases that it was first applied, before it was known, that at the same time, it caused the absorption of the fibroid tumors themselves. The recent experiments seem to prove that it is not adopted to cases of fibromata, occurring after the cessation of menstruation, as these cases are not cured, or at least not nearly so readily as those occurring in younger patients. In these cases Prof. Hildebrandt used 3 parts of watery extract, to 7 of water and 7 of glycerine, which was quite frequently followed by small abscesses.

As examples of new remedies or rather new views as to their practical uses, we would first call your attention to chloral hydrate, and bromal hydrate, used either by the mouth in usual doses, or by hypodermic injection, 1 part in 10 of water, using 2 to 10 grains at each time, using more than one place for the injection. In rheumatism, cholera, and in spasmodic asthma, their physiological action, seems to be *first* on the cerebral hemispheres, afterwards on the ganglia at the base of the brain, and finally on the spinal cord, producing extreme contraction of the pupil, in consequence of paralysis of the sympathetic and irritation of the third pair of cranial nerves. Their action on the heart coming directly from this irritation and paralysis of the sympathetic, together with the ganglia of the heart itself, diffusing itself at once to the coats of the blood-vessels, causing dilatation.

The profuse secretion from the salivary glands seems to be a mixed influence, partly of paralysis of the sympathetic nerve, and partly, perhaps chiefly, by irritation of the chorda tympani.

Bromide of Potassium—has a positive action—first, in acute delirium febrile, and non febrile—second, in eclamptic, epileptic, and epileptoid states—third, in headache, but much less in degree.

As a new remedy *Eucalyptos Globosus*, may now be considered as fairly introduced and established for the purposes of a febrifuge and expectorant. It is of aromatic smell and bitter taste, being the leaves of the Australian gum tree, of which there seems to be two species, the E. G. Latifolias and the E. G. Longifolius. At Vienna the tincture is made by macerating 100 parts of the dried leaves in 200 of highly rectified spirit: of this the dose is one or two teaspoonsful, two or three times repeated before the time of the expected chill. It may be given in powder using about a drachm in 24 hours, in divided portions. A novel feature, in its use, may be mentioned of the growing tree itself, in its absorbing of noxious gases or malaria, a practical use of which is now being made by planting large groves of it in the malarious districts about the city of Rome.

The oil is given in 6 to 20 drop doses, at intervals of 2 to 4 hours, reducing the

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temperature several degrees, without material effect on the appetite, but is liable to be followed by a sense of exhaustion and sort of drunkenness, with mental depression. As a substitute for quinia, it seems to be one worthy of consideration and confidence. Like quinine it has the power to prevent decomposition in albuminous solution, also of the growth of fungi.

A new sudorific and silagogue, was first introduced to the medical profession at Paris in 1874. It consists of the leaves of the Brazilian shrub-*Jaborandi*. The botanical name of which is *polycarpus pinatus*. Given in infusion it causes profuse sweating, in a very short space of time. The bitter principal of it seems to act as a silagogue causing such abundant flow of saliva, that articulation is almost impossible. It seems to be the only known remedy that induces sweating by an elective action. M. Robin attributes this peculiar action to its influence upon the vaso motor nerves by causing them to become paralized. In diminished doses it acts as a most powerful diuretic. In a word it may be said to have a special affinity for mucous surfaces.

The practical uses to which this remedy may be applied, seem to point especially to the oedema met with in rheumatism, albuminuria, and in diseases of the heart. One of the most remarkable results has been observed is its effects on chronic bronchitis and emphysema with paroxysms of asthma. It has almost no effect on the bowels.

FLUID EXTRACTS, SYRUPS, ELIXIRS, WINES, ETC.

In discussing all of these varied forms of ready made, medicines we find that any remarks or suggestions your committee might see fit to make, would at once be claimed, as so many invidious distinctions, in favor of some pet vendor of the articles, and we leave the ground where we find it, remarking as we pass, that it is truly a terra incognita, land unknown to all, for no man can take up a bottle of fluid extract and say *a priori* that it contains the whole medicinal constituents of the vegetable itself, as 16 ounces to the fluid pint, and if you were to believe the half of the statements of the several manufacturers, you would know that it did not contain any such amount, and that the manufacturer knew this himself. And the experience and advice of your committee is that each and every bottle should be carefully inspected, no matter from what factory it may chance to come, for the fact is every day more apparent, that fluid extracts when well made, and perfectly preserved, are reliable and vastly more convenient than the old fashioned herbs and roots as dispensed by the apothecary, before intelligent pharmacy became one of the learned professions of the country.

As to the different forms of elixirs, syrups, wines, etc., some of them are good enough, but the majority are not reliable, and in closing these cursory remarks, your committee would ask the earnest attention of the society for a few moments, to the collateral subject of old remedies in new dress. It has become fearfully fashionable among physicians of late, and it is believed that the custom is steadily increasing of prescribing ready made dragees, granules, sugar coated pills, elixirs, syrups, wines, etc., that are but little better than patent nostrums of the poorest kind. They are manufactured extensively, as special articles of trade by uneducated persons. This variety of medicine made easy, has come into such general use, because the convenience of both physician and patient, have led them to overlook

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its real character. It is in many respects, at least, upon the same basis with advertised quackery.

If the physician will give it the thought and consideration that it really deserves, he will not fail to arrive at the conclusion, that it is a step in the wrong direction, as it not only removes the responsibiiity from the dispensing pharmaceutist entirely, but at once throws it into the atmosphere of commercial trade and competition, thus removing still other classes of important remedies beyond the reach and control of the physician, and placing any method of testing their chemical constitution beyond that of their therapeutic application.

This branch of business, fostered as it is by professional and popular favor, has grown into such commercial importance, that already, forty or fifty large domestic manufactories enter for competition, each claiming by attractive advertisements that set forth their alleged peculiar advantages together with their standard of character, to excel the productions of all other manufacturers. All these can be seen in numerous and gorgeous placards, with convenient labels, formularizing their therapeutic virtues, pathological indications, with dose attached for all ages and sizes. Often are they to be seen on the covers of medical journals, yea, prominent medical journals.

If it were possible to have faith in the truth of all that might be said in advertisements, and in the skill and capacity of uneducated workmen, or women and children, who are employed upon these chemical and pharmaceutical preparations, then there might be some safety in this system of medical confectionery. But taking the tendency to competition in trade, as we find it, in connection with the condition of the market, in regard to medical substances generally, the only safe rule for the profession to adopt, is, that of contracting the compass of responsibility within the narrowest limits, by using only such remedies, as their full constituent parts are made publicly known to the profession, and by sending their prescriptions only to such druggists as are known to be above trafficing in unreliable preparations, having the same pretended names and composition as the genuine pharmaceutists. In pursuing this course, and supporting pharmaceutists in charging a liberal price for articles of their own making—physicians would do much to elevate the character of that science, upon which they are day by day becoming more dependent through the neglect to cultivate or keep it up as an important branch of knowledge indispensible to the medical profession. By the opposite course of fostering a system of cheap and easy wholesale medication, they debase the character of pharmacy and of intelligent medical therapeutics to the level of common trade, because the pharmaceutist and the physician have less access to the interior of their commercial pills and extracts, than the bookseller has to the books he sells, while the responsibility for character or quality of the contents, is about the same in both cases.

This too is apparent from the fact that material changes do occur with long keeping, in fluid drugs especially. To this is easily added the consideration of fitting patient's stomachs to this ready made method, applied to medicine, wherein fresh and reliable medicine is made to give place to a system of fixed amunition illy fitted as to quality, quantity, range or distance.

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ARTICLE VIII.

REPORT ON MEDICAL EDUCATION.

By M. Waterhouse, M. D., of Portage City, Chairman of Committee.

The subject of Medical Education, though of the highest importance to our profession, and the ground-work of all our success and hopes of prosperity, has become hackneyed. While all recognize the necessity as expressed by Dr. Whiting in his address last year, of a higher standard of literary attainment, and a broader culture for medical men. Yet so much has been said, and so well said, and the subject presented in such a variety of ways by the Standing Committee, from year to year, since the organization of the Society, that the subject is considered well nigh exhausted. Now while I believe this has all been well, and has had its influence in elevating the sentiment of the profession, and while I would not have the agitation of the subject die out, yet to present anything new or interesting in the way of a report following especially the very able reports of Drs. Whiting and Mason at our last meeting, is not in my judgment a very easy task.

We have been told from year to year, and indeed we knew pretty well without telling that we ought to educate our men better than we do, and I think it undeniable that we *have* been doing a little better and better all the time, and shall undoubtedly continue to do so, but, wherefore? Why do we advance any at all? Is it by the conscientious and philanthropic exertions of individuals? Is it by agitation in the way of speeches, essays, resolutions, etc., in this and kindred societies? And are all these influences called into activity by any general supposition that we in this state as a profession are not up to the standard of other states, or that in this country we are not up to the standard in other countries? And just what is the standard anywhere? And what is the gauge whereby it shall be measured or estimated? Must we be satisfied to rest when we can be sure we are abreast or in advance of, the position occupied by the profession in other places? That we are as a profession in this country on a much lower plain of attainments than that of other countries, is a falsification that cannot in my judgment be maintained. *We have* it is true our half educated incompetents. *They have* in perhaps as large proportion their book-fools and poppy-heads, but these are and will be, like the hangers on and camp-followers of an army, always sitting on the ragged edge of the profession, but are never estimated as a part of its effective force, but the average medical man in this country who fairly represents the profession is as good as any like representative of the profession in any part of the world, yet this is no reason why he should not be better than he is.

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The unerring law of supply and demand it seems to me is the governing influence. It is undoubtedly as potent over professional attainments as it is in commercial affairs, and no doubt governs to a great extent the status of our profession in all countries, but especially in our own country.

The laws permit any one to practice the healing art who may choose to do so. Therefore, the grade of intelligence, the enlightenment of public opinion becomes the measure of the demand upon us in the way of education. That we shall ever exceed the demand in this respect is not probable, as man never becomes more industrious, as a rule, than his real or supposed necessities require. That we shall ever fall much below it, will simply be to give place to others who can supply the demand. If there is any truth in the foregoing remarks, we are simply moving on as nearly abreast as may be with the public opinion of the communities in which we live. That we have had largely to do with the advancement of this public opinion, is undoubtedly true. That it is among the most important of our duties to maintain and accelerate its advancement is equally true, and this advancement becomes in turn the motor influence of our own progress.

That our course of instruction is shorter, in many of the schools, than it ought to be, and shorter than it is in European schools, is undoubtedly an evil; but our modes of teaching and facilities for demonstration are not inferior, and conducted in the same general manner as in Europe. The fault in not in the Schools. The man who fails to become a good scientific practitioner, with our present modes and facilities for teaching, would fail were they in any degree superior. Moreover, to be more extensive and exacting in our curriculum would most likely drive many men to practice without the benefit of any College instruction whatever, so that were the schools less efficient than they are, it would still be better for that class of men just referred to, if they can be induced to have *some* instruction, than to go into practice without any at all ; but again, were our schools to elevate the standard of requirements beyond the demand of public opinion, other schools, of inferior grade are sure to start up, indeed we have them already, where Homœpathic and Eclectic honors are lavishly bestowed at small cost of cash or study.

It will be seen from the foregoing considerations that I have no expectation of any sudden or rapid improvement of the standard of Medical Education; yet it must not be inferred from this that I would advocate a sluggish inactivity. Whatever of advancement we have attained, has been by exertion ; and whatever we secure in the future must depend on exertion. But the most powerful and practicable means of raising the standard of medical education, always has been and always must be in cultivating the general education of the public on this subject, and a *steady* and *persistent determination* on the part of the regular practitioner to *reject unfit students*.

While a good thorough preliminary education is all important, and must not be overlooked in accepting a student, yet something more is necessary. There must be a certain aptitude with a disposition to patient thoughtfulness and study, and anxiety for knowledge for its own sake. No amount of cramming in the schools can compensate for a lack in this respect.

The student not given to faithful application in the way above indicated, though

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he may succeed in obtaining a diploma, and afterwards misplaced confidence may bring business to his hands, will never be an element of strength or elevation to the highest interests of the profession. The true definition of education from *e.* out, and *ducere* to lead, to draw forth, implies says Webster, not so much the communication of knowledge as the discipline of the intellect, to develope the latent powers already in him rather than to add something to him which he did not before possess. Therefore, whatever the preceptor and the schools may do for him, he must do still more for himself. There is no royal road to Heaven or to Geometry, nor can colleges or preceptors make one. I attach but little value to any sudden revolutionary measures to correct the evils of our present educational systems. But let it be the desire and pride of every practitioner to send out good thoroughgoing students and no others, and let it become shameful to accept or encourage an unfit one. A Board of Censors for the purpose of a preparatory examination of students, unless it were by legal enactment and made applicable to all the different Pathys, would probably fail of its purpose, and most likely become an injury to ourselves, as besides the distance many of them would have to travel to reach the examiners, and the attendant expense, very many would shrink from such an examination, and would rather go to swell the ranks of the irregulars than face a test of this kind.

A more potent measure for good would undoubtedly be a thorough and systematic examination of Matriculants before permitting them to enter college. But the same objections urged against a Board of Censors in the State would probably apply here: unless it were a rule in all the different schools, it would fail of its object and only serve to build up those schools when no such examinations were made. But gentlemen, I repeat that I have little faith in resolutions adopted here, or enactments by Legislatures. Our principal dependence for the elevation of the standard of medical education must be upon ourselves. The diligent, faithful work of each individual in elevating the sentiment of the community in which he lives, and the care and honest discretion with which he selects his students, are the most certain and potent means by which we can reach the desired object.

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ARTICLE IX.

CATARACT.[1]

By Chas. L. Stoddard, M. D., of Whitewater, Member of Committee on Diseases of Eye and Ear.

Cataract was supposed by the ancients, to be caused by the interposition of a veil like membrane, which fell from above, in front of the crystalline lens, hence its name derived from the Greek, which signifies to tumble down, as we see sheets of water tumbling over a precipice.

Xenophen relates, that Cyrus, sent one of his Generals into Egypt, to have a cataract removed. It is probable that the method of operation now known as couching, was the only one known at that time, or for a very long subsequent period. This we infer from several reasons, first their ideas of its nature, second, from the fact that this method is now practiced by Asiatic nations, which may be regarded as the repositories of ancient science and literature, to a very great extent, and also from the method in use at his time, having been described by Celsus, which was essentially the method now praticed of couching.

Cataract is divided into true and false. The consideration of the false variety may be dismissed in a few words. It is caused by exudation of plastic lymph from the pupillary margin, which fills its area, and though its results are the same to the individual aflected, still it differs so essentially from cataract proper, that its consideration in this paper is not contemplated. Of true or lenticular cataract, we have several varieties, differing however, rather in degrees of density, than in essential nature. All forms consist in different degrees of opacity of the crystalline lens, or its capsule. This opacity is induced by several causes. When we consider its structure, and the small vascular supply it receives, it is easy to conceive what varying conditions of system may cause derangement of nutrition, sufficient to produce opacity. The only blood-vessel of the lens, is a small branch of the central artery of the retina, entering the posterior capsule. We can readily see that occlusion of this minute branch may be a common cause, leading to a species of atrophy of the lens and capsule. But the most frequent causes are the various degenerations, physiological and pathological, which this cla.s of tissues are subject to. It is probable that a large proportion of ordinary soft cataracts are caused by a tendency to fatty degeneration, in varying degree, from mere opacity, to perfect fluidity, this condition of degeneration merging so closely on physiological changes, constantly going on in the system, as to constitute a border ground, between health and disease. I make a quotation from a recent work on pathology—"There is a

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very close relation between the abnormal changes to fat, which always supervenes on mere atrophy, and the normal fatty change, which occurs in the life processes of some tissues. Thus in the formation of milk, cells grow, become fatty and break into a fluid charged with fat. What is normal in these cells of the acini of the mamma, may occur abnormally in the muscular and elastic fibres of the arteries in atheroma, and in many other places, even to the connective and other tissues of the milk glands, so that in old people the mamma itself turns into a sort of milk." The hard cataract is still more closely related to physiological processes, in its formation. We find that the central parts of the lens become constantly more dense, as age advances, often giving rise in healthy aged eyes, to a condition of apparent opacity, which an unguarded observer might easily mistake for incipient cataract. It is probable that many hard cataracts, are merely exaggerated forms of this condition, compatible with fair degrees of vision, where the capsule is transparent. You will generally find such cataracts several shades lighter when removed from the eye, than they appear in their natural site. My experience has been, however, that few senile cataracts are purely lenticular, but are complicated with capsular degeneration also, and consequently a lens of the senile variety, is seldom capable of transmitting the amount of light, which its condition would permit, owing to the opacity of the capsule, accompanying it. Hard cataract may vary from the consistence of cheese to a stony hardness. We often find calcareous particles in it, or it may be converted into true calcareous substance, as other tissues undergo degener ation and have calcareous matter supply the place of normal structure.

In color, cataract varies from black to white, through almost all the intermediate shades. The black variety is of rare occurence, and differs from other forms, only by the presence of pigmentary matter. Another variety presenting a peculiar appearance, is the *cataracta argentea*: in this form the lens appears of a silvery or pearly hue, quite remarkable. It is of more frequent occurrence than the black, and is caused by the presence of crystallized cholesterine in it. This cholesterine, is probably produced by degeneration of lens tissue in one of its stages, towards fatty degeneration, or may be imbibed from the vitreous humor, as it is found in that tissue in increased quantity as age advances.

Cataracta siliquata, is another form often seen. It is essentially a capsular cataract, in which the lens has undergone absorption, partially or wholly, and the capsule has become thickened from inflammatory action, either acute or chronic. It may be recognized by its depth in the eye and also by the recession of the iris towards it. This form is frequently caused by penetrating wounds of the eye, involving the lens, also by the presence of tumors on the iris, or other structures in its vicinity. Its name is derived from its appearence resembling a silique, or seed vessel. It will be unnecessary to speak of the divisions of cataract into capsular and lenticular, as this is already sufficiently known. It is doubtful if capsular cataract ever exists for a lengthened period, without involvement of the lens, but lenticular change does frequently occur without implication of the capsule.

The cause of cataract in many cases was defined in a previous paragraph, to depend on a degeneration of lens structure, this degeneration being often found to depend on tendency to fatty degeneration, but it is now a well recognized principle

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of pathology, that this change may be arrested in its early stages, and remain as an opake tissue of low vitality, and of different degrees of density for long periods, and may then take on liquefaction, from some local or constitutional cause. It was also shown that the senile variety was frequently merely an exaggeration of the natural physiological induration of the lens, with probably the presence of some pigmentary matter in the darker varieties, compatible with a fair degree of vision, where the capsule was free from opacity.

Another variety is the pyramidal. It is supposed to be caused by disease of a hypertrophic character, first involving the nucleus, and successively the parts of the concentric layers, immediately in front, until a localized hypertrophy is produced, giving rise to the form which gives it its name.

Cataract is usually slow in its formation, as may be inferred from a consideration of the modes of its production, but occasionally we find cases, where it is formed almost instantaneously. A case presented itself to my notice during the past year, where a girl suddenly lost sight in one eye, but considered it only of temporary consequence, until two weeks later, she as suddenly lost the sight of the second eye. When she applied next day at my office, I found her affected with dense opacity of both lenses. The cause in this case was undoubtedly amenorrhœa, as she had not menstruated for over a year, though previously quite regular. A well recognized cause of cataract is diabetes mellitus. In fact we should inspect the urine of our cataractous patients where any suspicion exists, of the possibility of such complication, as the condition is unfavorable to treatment. That the presence of sugar in the blood in unusual quantity or unassimilable form, is the cause of the cataract, is proved experimentally, by feeding dogs on an exclusively sacharine, or amylaceous diet, when cataract is invariably produced in a few weeks. It is also probable that other chemical changes occurring in the system, induces cataract, as sodium in abnormal quantity, is an invariable constituent found in the cataractous lens on spectrum analysis. Rheumatism and gout often produce this condition, but it is probable that they induce this change in the lens, rather by the inflammatory changes they produce in contiguous structures, the iris, choroid and sclerotic, than by any direct chemical effect on the lens itself.

Clinically we find it at times, presenting an hereditary form, several members of the same family having the disease. I have now in view one family, in which cataract exists in two brothers, and strabismus in three other members of the same family. Several similar cases are on record.

Diagnosis. A fully formed cataract is readily distinguished by the unaided eye, its whitish appearance making it conspicuous, but it is quite the reverse with cataracts in their incipient stages. Only by the closest examination can we decide with certainty. Cataracts, especially the softer varieties, generally commence at the periphery of the lens, and gradually encroach on the central parts. In examination of the incipient form, we frequently find striae of opake matter, extending inward, possibly in the lens, of natural cleavage of the lens. The older methods of examination of the eye, for cataract such as the catoptric test and others, formerly so much relied on, has almost disappeared from practice, since the discovery of the

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oblique illumination method. By this method, so very simple in itself, it is hardly possible to make a mistake in any case of cataract, where the symptoms of failure of vision, are of sufficient importance to require an examinatlon. This method consists in holding a lighted lamp in front, and to one side of the eye, in a darkened room, and interposing a simple lens, to concentrate the rays of light, when every detail of structure will be readily seen. In fluid cataract the opacity is of homogeneous whiteness, in ordinary soft cataract, it is usually greyish, often stellate, commencing generally at the margin, and presenting striae or bands approaching the centre, in the incipient stages, though one case which came under my notice last year, commenced in a crescentic form, at the inner side of the lens, and gradually encroached on the outer parts, until all became opake. This case was of unusual interest to me, as it simulated so closely disease of the retina, one half of the field of vision being of a dead white, the other half, normal. Capsular cataract is usually found to present patches of opacity in its early stages. This condition is frequently produced by iritis, with exudation from this source, marking the points of adhesion which have existed. When fully formed this variety presents a chalky white appearance. Another form is the lamellar. It consists of a layer of opake lens substance, lying between the transparent nucleus, and the clear portion of the cortical substance, and it may be recognized by illumination by its uniform light grey tint, sharply defined, and surrounded by a margin of lens substance, which may be either quite transparent, or is here and there studded by small opacities.

I now proceed to detail the plans of *treatment* in general use, or that are now being introduced. The medicinal treatment of opake lens, with the view of its removal, or clearing up, has thus far given such poor results, that it is hardly worth consideration. But in the early stages of inflammatory conditions, likely to lead to cataract by contiguity, much may undoubtedly be accomplished. A few years ago, M. Lavignot, proposed the use of oleaginous solutions of phosphorus, applied to the conjunctiva, and rubbed into the forehead, and asserted that he had proved that this had produced the removal of opacity of the lens in several cases, but this assertion has not proved to be correct. Other plans have been proposed, with like results. We are consequently at the present time, restricted to operative procedures. A method was proposed a few years ago of repeated evacuation of the aqueous humor by Dr. Sperino, of Turin, but this is now I believe, abandoned, the hopes of its proposer not being verified on trial. The principal operative measures now in use are solution, couching or displacement, and extraction. Solution is accomplished by laceration of the capsule by a needle either through the cornea or sclerotic. This as is well known allows the aqueous humor to act on the lens substance, and causes its removal by solvent action of the aqeous fluid, in the anterior chamber, quite rapidly in soft cataract, but more slowly in cases where any degree of induration exists. It is now generally confined to cases occurring in persons under forty five years of age, though it is often applicable later in life. It is always the appropriate operation in congenital cases. Some, however, assert that all forms are capable of being removed by this method, but even allowing that such is possible, I doubt the expediency of the measure, as time in the first place, is quite an object with old people, in whom the hard varieties of cataract are likely to be sub-

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jected to this measure. I remember a case, while a student: the patient was operated on four times, at intervals of three months, and there yet remained a dense opake nucleus at the end of fifteen months. The next method presenting a much better show for good results was in general use a few years ago. It consisted of two operations, first, laceration of the capsule and exposure of the lens, to the action of the aqeous humor, for a few weeks, then a secondary operation consisting of two parts, first a laceration and then displacement, generally in a horizontal direction, of the remains of the lens and its capsule. Though this method gave good results I believe it is now abandoned by all except the older surgeons, who are loath to try new methods, where they have achieved good results with old ones.

In proper cases, either congenital or occurring in early life, the method of solution is the most perfect ever devised, but as in every thing involving such risks, care is necessary in the performance of this simple operation. My preference is always for the anterior method or keratonyis. I believe we disturb the structures of the eye less, than by penetration of the sclerotic, as usually performed. I also am careful to avoid too free a laceration of the capsule, or lens tissue, as this I believe invariably swells, when exposed to the action of the aqueous humor, and gives rise to irritation. It is frequently taught that we should break up the lens tissue freely, and displace it partially into the anterior chamber. Though in very favorable cases we gain the result of a quicker solution by this measure, we run a very great risk of producing such a degree of iritis, as will be destructive to the eye, and consequently I believe we should proceed in such cases on the safer plan of small laceration at a first operation, and a more free use of the needle on a subsequent occasion. I would also think favorably of a broader needle in such operations, one that would permit the evacuation of a part of the aqueous humor, so that the risks of inflammation from distension of the eye by swollen lens tissue, might be prevented. The different modes of performing this operation and its applicability, are so well understood, that it will be unnecessary to enter into a detail of the operation. Suffice it to say that for suitable cases, it is the most perfect ever devised, and likely to retain its place, as a method for removing cataract, after many methods now very fashionable, have been forgotten.

But it is now generally acknowledged, that the only operation for hard or senile cataract is extraction, by some one of the modifications at present in use.

It is well known that the mode of performing this operation, like most surgical procedures, has undergone a variety of changes. The removal of cataract by extraction, was first performed by Daviel, a French surgeon, in 1747. He acknowledges that he conceived the idea from a mishap which occurred to Petit, who in 1708, opened the cornea to extract a lens, which had escaped into the anterior chamber, by rising up again after being couched. Daviel commenced his operation by passing a narrow lance shaped knife into the anterior chamber, at the corneo-sclerotic junction, in exactly the manner now known as Von Graefes method, and with a similar instrument. But his operation lacked the precise scientific character, which Von Graefe has given it. Nevertheless, this method of extraction, as improved by Von Beer and others, gave the greatest satisfaction optically, and cos-

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metically attainable, as by it was secured a moveable central pupil, not attainable by any modern method, unless the methods now suggested for securing all the advantages of a linear incision, without iridectomy should prove successful, beyond present appearances.

The method of Von Graefe is that which from its results has secured the greatest amount of confidence from modern surgeons. It requires great precision in all its details, to secure success, but is applicable to a class of cases, where the older method of semi-circular corneal incision would be almost certain to result badly, in old and poorly nourished cases, where nevertheless, owing to the density of the lens, extraction alone was indicated. The method of operation of Von Graefe, is described by him as follows: "The patient having been placed under the influence of an anaesthetic, the eye-lids are to be kept apart with the stop speculum, and the eye fixed by forceps: the point of a long narrow knife, with its cutting edge turned upwards, is then to be entered in the sclerotic, near the upper and outer portion of the cornea, about one-third of a line from its edge, so that it may enter the anterior chamber quite at the periphery. The point of the knife should be at first directed downwards, and inwards; the edge of the blade being turned a little forward, and then when the blade has advanced about three and a half lines into the chamber, the handle is to be depressed, and the point carried along to where the counterpuncture is to be made, at a point exactly corresponding to the puncture of entrance, from four to four and a half lines distant. As soon as the counter-puncture has been made, the edge of the blade is to be turned forward and upward, and the knife pushed straight on to nearly its full length, when the section is completed by drawing it backward from heel to point. The knife will then be under the conjunctiva, which is next to be divided in such a manner as to leave a conjunctival flap of about one to one and a half lines in height." When this section is completed the iris is to be drawn out, and a clean section made, so that a piece of iris corresponding to the first incision, is to be removed completely. This is a mechanical necessity, to admit the easy exit of the lens as without such iridectomy, the lens cannot be removed without such an amount of injury to the iris, as would be almost certain to result in the destruction of the eye from iritis. But this iridectomy undoubtedly is productive of other results beyond the mechanical one: it probably influences the nutrition of the eye in such manner, as to prevent the many serious impedements, which so often follow the ordinary methods, as undoubtedly a larger percentage of successful cases follow this plan, than any other hitherto devised. The next step of the operation, is the laceration of the capsule. This is accomplished by what is known as the pricker, by several successive incisions. The one is to commence at the lower edge of the pupil, (upper section) and extend upwards along its inner border, the other to the same extent on the outer side, quite up to the periphery of the lens. Finally the capsule should be lacerated at its periphery, in a line corresponding to the section. Next the delivery of the lens. The eye being fixed by forceps which are to be applied a little below and to one side of the centre of the lower margin of the cornea, the back of the silver curette is to be placed on the lower margin of the cornea, and pressed slightly backwards and upwards. This will usually be found sufficient to accomplish the delivery of the lens, where the cortical

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portion is tolerably soft, or if found to be insufficient, Von Graefe recommends the use of a hook. Others have devised instruments to aid this latter stage the best among which is Critchett's vectis, or spoon. After the lens has escaped, portions of cortical matter are frequently found to remain, which should always be removed by the spoon, and gentle manipulation on the cornea, or should thickened or adherent capsule remain, it should if possible be removed at the time, as if it is not, it will necessitate a secondary operation, for its removal, together with the possibility of giving rise to irritation of the eye, or adhesion to the iris. It will be understood that in this as in all other operations for cataract, the pupil is to be dilated by atropia, in advance. Of the after treatment, it will be sufficient to say that it is conducted in the same manner as after the ordinary method of extraction, a bandage being immediately appplied, the ocular cavities filled out with charpie, and a full dose of morphia immediately given. This subject is so fully treated of in systematic works on ophthalmic surgery, that it will be unnecessary for me to occupy your time with further details, and yet as much depends on these details of after treatment as upon the proper performance of the operation, as many complications will arise during this stage, which it is absolutely necessary that you should be acquainted with, to enable you to secure the best results. Various modifications of this operation, of linear extraction, have been introduced, with the intent of producing all the good results of Von Graefe's method, without the necessity of an iridectomy, and of securing a central movable pupil. Those of Worlomont, and Charles Bell Taylor, are most worthy of consideration. Worlomont's method is a curvilinear incision through the cornea, one and a half or two lines below the sclerotic margin. In making this section he secures the easy exit of the lens, without the necessity of an iridectomy, but my experience has been that incisions of such extent through corneal tissue, is likely to lead to opacity, or sloughing of the cornea. Mechanically it a very simple and perfect method, and in perfectly healthy subjects, would give good results. Taylor's method is similar to Von Graefe's, in all respects, except that instead of excising a piece of the iris, he makes a longitudinal incision corresponding to the external one, in the periphery of the iris, of sufficient extent to allow the exit of the lens. By this method he secures a central pupil, with all the good results attainable, by a successful extraction, after the old method of semi-circular division of the cornea, and without the great risks following it during the healing stage, such as sloughing off the cornea, prolapse of the iris, etc. Should experience demonstrate that all the results of iridectomy are secured, as he claims, it will be a decided improvement, as an eye with an immovable pupil, somewhat removed from the normal centre, cannot be regarded as cosmetically nor optically a full success, however, useful it may be for purposes of vision. Still in the present stage of the question, we have to adopt that method that will secure the greatest good, to the greatest number, and for this I believe Von Graefe's method will receive the sanction of the majority of surgeons, as it undoubtedly gives numerically the best results that have been attained thus far. The literature of this question has become so extensive, that it is not possible for me to do more than draw your attention to it, with the hope that it may induce you to throw off the apathy with which the majority have regarded the treatment of eye diseases, and consequently have fos-

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tered the idea in the public mind, that has resulted in the production of a host of pretenders of the peripatetic school, with but a little of your intelligence on the subject, who under various names, trade on public credulity, to the destruction of their eyes, and lightening of their purses. Why an educated surgeon should not be as competent to extract a cataract, or make an iridectomy, as he is to operate for hernia, or any other such operation, I am at a loss to understand, and can only account for it by the fact that specialists in this department, have so surrounded it with a cumbersome machinery of nomenclature, that the ordinary student is dismayed by the array, and conceives a dread for a subject which in itself is capable of simplification, and is one of the most interesting in its study, of any connected with the practice of surgery, and in the present time yields results to treatment, as good as any other department.

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ARTICLE X.

REMARKS ON DISEASES OF THE SKIN.

By C. Linde, M. D. of Oshkosh, Special Committee.

An old practitioner of our place, Dr. Osborn, told me an amusing anecdote witnessed, while he was attending clinic at the College of Physicians and Surgeons, New York. Professor Bulkley was lecturing, and had selected several cases of skin diseases subject to his lecture. Among others a boy with a well marked chronic disease. The Professor had to leave for some moments, and Professor Gillman came in the room. Seeing the boy he stood him up upon a table and lectured on the case as follows: "Gentlemen—This is a very marked case, and you will understand that nothing except internal remedies will have any power to bring on a radical cure, and that great wrong would be done to the patient by following any other treatment." After some further remarks on the case he left. Soon after Dr. Bulkley returned, brought up the same boy and commenced his lecture with, "Gentlemen—In this case all internal treatment is of no use, it must be treated entirely with local remedies, if you expect a cure." The class was rather taken back, and the difference of opinion of two so eminent men on the same skin disease created a great deal of fun among the students. This happened several years ago, but even now with all the advances we have since made in our profession, we are far from perfection in our treatment of these particular diseases. We will not pretend to say, that in most of them arsenic internally, or sulphur, etc. externally, empirically prescribed will effect a cure, but we are afraid that in a great many instances in general practice, a similar plan is followed. We are inclined to believe that nearly all diseases of the skin are either the results of a sporous vegetative zygma, or are occasioned by animal parasites, and that in both cases a certain dyscrasia of the blood must be present, and therefore that the treatment must be antizymotic, and in cases of parasites, that parasiticides must be used, but in both cases, also proper internal remedies.

We will now mention two skin diseases, that were quite frequent last year in our region, more so than we ever had seen them before, and the diagnosis troubled more than one of our medical fraternity.

PEMPHIGUS BENIGNUS ACUTUS.

This disease belongs to the order of Bullae, and to the same genus as rupia and pompholyx, in fact the latter seems but an aggravated chronic form of the same. Pemphigus is divided into the benignus, malignus and gangranosus, and we shall but mention the benign form.

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The etiology is uncertain: generally it seems to depend on some constitutional derangement, especially gastric.

Symptoms. Some febrile action, general malaise and redness mostly precede the eruption of the bullae. The vesication is slight at first, but quickly increases, and in forty-eight hours the blebs are at their acme; the size in this form is generally from a split pea to a hazel nut, but on the face they are smaller: after this they break and form into scabs of more or less thickness. This form principally attacks children, and we believe from facts we have observed, that the disease is contagious. Pemphigus Benignus can be general or local, but in most cases the first; it may be protracted in its course by the appearance of new bullae.

Prognosis. Pemphigus Benignus is to be regarded as a disease without danger to life. In case of bad complications, as in unhealthy scrofulous children, it may be otherwise. The main danger is its tendency to relapse, and that it may in children assume the form of pemphigus gangranosus.

Treatment. Very little medication is needed in this disease. If the fever be high, some antiphlogistic treatment may be necessary. A few light doses of tartanized antimony and a little Hydrag. cum creta to keep the bowels in order. Quinine may then be useful, or preparations of bark. The diet must be nourishing, as the patients are generally in a weakened condition.

PRURIGO VULGARIS.

Is a papular disease without any, or very slight change of color of the skin: in all cases there is more or less pruritus, sometimes to an intolerable degree. It often extends over the whole body, or may be confined to circumscribed spots. Patients suffering from this disease irritate the papulae by scratching, on account of the pruritus, and small drops of blood form slightly elevated black scabs, characteristic of this disease.

The etiology is uncertain; it attacks all ages, but mostly children and old persons, and especially those who lack nourishing food, live in damp places, and are of filthy habits.

Prurigo is divided into prurigo vulgaris and senilis; we will but pay attention to prurigo vulgaris.

Diagnosis. Prurigo can be mistaken for Lichen, but the papulae are larger in this disease than in lichen, and the characteristic black spots of prurigo are absent in lichen. From scabies it is easier distinguished, as the scabs are so different, but the trouble is that often scabies and eczema will be found on a patient in combination with prurigo; in this case the diseases must be treated separately.

The prognosis is bad. Even if the disease has been of short duration, we expect a slow cure and relapses: if it be of long standing prurigo is one of the most refractory of skin diseases. Hebra regards it as incurable.

Treatment. Internally we think we have had beneficial results from the use of Fowler's solution, and where we suspected a syphilitic taint the iodide of potassium. Hot baths are very beneficial. Locally we use the strong ioduret of sulphur oint-

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ment (one drachm of Iodide of sulphur, to an ounce of cerate) rubbed in at night and washed off with soap and water in the morning, and then moistening the affected parts with a strong solution of sulphurous acid.

We have during the last year used with great relief for the intolerable pruritus, Dr. Bulkley's two preparations, the liquor picis alkalinus and the unguentum antipruriticum. For those of my fellow practitioners of this Society, who have not already tried these valuable prescriptions, I present them herewith, copied from the transactions of the American Medical Association of 1874;

Unguentum Antipruriticum—Pulv. gum camphor, chloral hydrat, of each one drachm, grind well together in a mortar, till they form a fluid, and add slowly, simple cerate one ounce.

Liquor Picis Alkalinus—Potass. Causticae one drachm; Picis Liquidae two drachms, Water five ounces. Dissolve the Caustic potass. in the water and add gradually the tar, mixing them well in a mortar. Use in solution with from 8 to 16 parts of water.

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ARTICLE XI.

COMPULSORY VACCINATION.

By E. L. Griffin, M. D., of Fond du Lac, Special Committee.

To present an argument before an intelligent medical audience, in favor of compulsory vaccination, may seem to some like "carrying coals to New Castle," but until the profession approximates nearer to unity in its utterances on the subject, an apology would hardly be necessary. Repetition is apt to become wearisome, but it is only by agitation that important reforms are accomplished. "Precept must be upon precept, line upon line, here a little and there a little," until the public mind shall be arrested and properly instructed upon the importance of any reformatory measure.

As medical men we cannot afford to be indifferent, and we ought not to be silent—whatever affects humanity, touches us. As members of the body politic, of the community and of society, no class is more closely in sympathy with their fellows. In their prosperity we rejoice and have a share, in their adversity and distress we suffer and are afflicted.

The routine of a physician's life, may in some instances blunt the sensibilities, and lead the jaded and plodding practitioner to entertain sordid and selfish views, and to account prevailing diseases not altogether unmitigated evils. Such, at any rate, is sometimes charged upon us. But we believe, and venture to assert, that the average sentiment of the profession is noble, generous, sympathetic, charitable, public spirited, and that its studies and its investigations have done more for sanitary science than all others combined. Its continued researches into the nature and causes, as well as the care and prevention of diseases entitle it to a favorable hearing by the public, and the adoption of its recommendations for such preventive legislation as it may consider reasonable and just.

If the experience of three quarters of a century has established anything beyond question or a shadow of doubt, then it is true that vaccination, as introduced, taught and practiced by Jenner, is a prophylactic against the contagion of small pox. Unfortunately perhaps for the success of the preventive, the vaccine disease refuses to go abroad as an epidemic in advance as a protection against the ravages of its cruel and destructive relative. We cannot therefore make it serve as a *counterfire* against the approaching conflagration. To be of service it must be used intelligently, and as experience has taught us. The consciousness that this loathsome and fatal disease is still at large and menaces continually every community, de-

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mands constant vigilance. It is hardly credible, and very far from being creditable to our civilization, that a remedy so well understood, and so easy of application, against a disease of such formidable character, has not been used with such efficiency as to eradicate that disease from the domain of human society. This we ought to be able to say to the credit of the intelligence and philanthropy of the nineteenth century.

Much, it is true, has been accomplished towards that desirable result, for whereas a century ago more than one-tenth of all the deaths occurring in European countries were from small pox, now not more than one in a hundred is from that cause. Still its possible invasion of every community, especially the cities and larger towns, with the alarm and derangement of business always incident to its visitations—the unavoidable exclusion of its victims, living and dying, from the friendly attention and consoling influences otherwise accorded even to the most abandoned criminals, and the greatly increased pecuniary burdens to families and the public, might justly demand that further efforts should be made to abate the remaining evil. In Pepy's Diary, when relating incidents of the plague in London, he candidly declares, "This disease makes us more cruel to one another, than we are to dogs." The same expression might be used at the present day of the average citizen towards those affected with small pox. The most negligent being most cruel, and the most ignorant the most cowardly. This unreasonable terror makes it extremely difficult to give the small pox patient, in most cases, the treatment and nursing required, without the worst extortion, and oftentimes the presence of those that we would not tolerate under other circumstances in our service or in our families. Motives of humanity and motives of economy, both urge the prosecution of preventive measures, so that the ignorant, the prejudiced, the negligent and the wilfully obstinate shall be reached and placed in a state of security, not only for their own sake, but for the general good.

It is not so generally understood, as it was before vaccination was introduced, that the occurrence of small pox in the natural way does not certainly prevent a *second* or even a *third* attack of the same, at some subsequent period of uncertain length, in some individuals. The advocates of vaccination do not claim that the vaccine proxy gives immunity from such an attack larger than the occurence of the genuine variola. Yet they hold it is no sufficient reason for rejecting a remedy, that its power will not avail for a life-time, but may need repeating. And when this repetition is such a trivial affair of trouble or expense, when compared with the benefit of the protection afforded, no reasonable man we think ought to complain. Yet some men, who claim to be rational, and are so in the judgment of charity, do oppose and reject the remedy, because it is not infallible and everlasting. Others reject the remedy through fear of some secondary disease being engrafted upon their own system or that of their family. Now it must be admitted that this latter class, from a certain stand point or under certain conditions, have a show of reason to sustain them. While vaccinators of the largest experience and the most extended observation, men best qualified to judge, do not admit that those diseases which by many are said to be transmitted through the vaccine operation, such as scrofula, and various forms of skin disease, are commuicated to the vaccinee, yet it is estab-

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lished beyond all doubt and cavil that the syphilitic taint may be and sometimes is so communicated. But this objection no longer remains valid since it is now possible for all such parties to obtain a supply of the virgin lymph propagated through an unbroken series of calf inoculations. Into these young animals no ingenuity of man has yet been able to plant the germ of that slimy poison which so eagerly yet subtly works its way through the flesh and bones of the viler transgressor, man.

The most numerous class of unprotected persons, however, are those who make no objection or excuse but simple neglect. It has never been quite convenient, or when they were inclined to have it done, their physician was not prepared to serve them, and so the operation has been delayed from year to year, or quite forgotten, until danger is within their own doors, or those of their neighbors. Now what could be more reasonable than to require such parties to be put in mind of a duty they owe their children and the public, to be made secure against a disease that may find them some time or somewhere, either to destroy or mar, while they are made to transmit the same trouble and affliction to others.

To judge such a person criminally negligent and hold him responsible for the evil that may follow, would seem but simple justice, yet it might be better for all concerned, and wiser management, could a law be so framed and its execution well provided for, that should render it morally impossible for him to remain a subject of contagion, or allow those dependent on him to suffer, because of his neglect.

In our judgment, *compulsory measures* are the only effectual safe-guard against the dangers entailed on our communities by neglect, by delay, by indifference, by prejudice, by ignorance and wilfulness; and the considerate, the law-abiding humane people everywhere owe it to themselves and society, as a duty to press the subject upon the attention of our legislators until we obtain the passage of a law that shall secure to every person and family, at least in our corporate cities and villages, the benefits of vaccination and re-vaccination where necessary. Such a law would have an end so great, so grand, so pregnant with human weal, that nothing at present within the scope of the efforts of this society would be at all comparable to it in promised good.

I cannot see how our legislatures in view of a due regard for the public good, could hesitate to pass such a law, making vaccination compulsory, for it may be observed that intelligent people as well as the ignorant, may be negligent, or may be wilful, and that where the means of defence are afforded to all for their voluntary employment, there is yet not all the good accomplished that the general welfare requires.

We are aware that upon this subject there is much diversity of opinion. It is claimed that "forced activity, even in the most noble field or self-hygiene, is repugnant to the genius of the American people." That they "will not be driven blindly to the performance of any act dictated to them by some authority assuming a power not emanating from or conferred by, their sovereign will, for they are justly jealous of their right to rule and reign over themselves." But it must be remembered that we already have many laws enacted which restrain the freedom of individual action in a variety of ways and compel the performance of

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certain acts that many would be otherwise unwilling to perform, and only submit to for the purpose of escaping fines and imprisonments. In all civilized governments there is a principle running through and underlying *all* law which secures the greatest good to the greatest number. And this principle should meet with the least resistance when it finds its beneficient expression in those hygienic measures which aim to secure the health of the individual while equally protecting that of the whole community. In this particular instance *all* would be benefited and *none* injured.

"Regulations" says Toner, "for the preservation of the general health, we think ought to be concerted between the legislative authorities and the medical profession, and should not only be recommendatory, but to a considerable extent compulsory in character. Fickleness is so common a weakness of human nature, that a duty which begins with the individual and extends to the public, and is left entirely to the individual judgment or inclination, is in the end almost certain to be neglected, or performed in an unreliable manner. In the execution of most measures which protect and elevate the human race, the mass of mankind require to be governed and directed by *positive* law or the force of an inexorable public opinion."

Our English friends are as strongly disposed to resist interference with their personal liberty as we are, yet by judicious legislation, beginning with the vaccination act of 1840, and followed by the vaccination extension act of 1853, the public opinion of that country was educated by degrees to the necessity and justice of a law that should be comprehensive enough to reach every individual. Such an act was passed in 1867.

If we examine the record during these periods as compared with similar periods before these enactments, and see what have been the results, we find that in the city of London one hundred years ago, with but a fourth part of its present population, the average annual mortality from small pox was over 2,200, being about one-tenth of the deaths from all causes. From 1800 to 1810 the average was 1,250, or about one-sixteenth of all the deaths occuring. From 1830 to 1840 the yearly average was 573, or one forty-third of all deaths. From 1850 to 1860, the average yearly deaths from small pox was reduced to one-ninetieth of all deaths from all causes; and although the population is rapidly increasing the death rate from small pox has continued to decrease.

In Scotland vaccination was made compulsory in 1864. For the ten years previous the yearly average of deaths from small pox was 1,054. In 1865 it fell to 175. In 1867 to 124. In 1868 to 25.

In Ireland vaccination was made compulsory in the same year. The average mortality from small pox had been from 1830 to 1840, 5,800 annually. From 1840 to 1850, 3,827. From 1850 to 1860, 1,272. In 1867 it was reduced to 20. In 1868 to 19. In the first quarter 1869 there were but 3 deaths from it. In the second quarter none. This very nearly demonstrates that by the universal application of the vaccine prophylactic the disease would very nearly be banished from human society or become of very rare occurence under the efficient operation of legislative enactments.

If the average death rate of the population of our country be as great as in

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England, before the law made it a criminal offense to neglect vaccination, and it probably is nearly so, then from 12,000 to 14,000 lives are yearly sacrificed in the United States which ought to be saved. That this is a fair estimate may be inferred from the official report of mortality in the city of New York, as published in Vol. 15, of the transactions of the American Medical Association. The average yearly deaths from small pox as there given for 13 years was 373, and calling the city one-fortieth part of the United States we have 14,920 for the whole country as its yearly average. From these figures we may plainly see that to accomplish the prevention of small pox is a desideratum of the highest importance.

The pecuniary value of the lives annually lost by this disease, it may not be possible to estimate, but we may form some conception of the cost to families and towns, of the attendance and care incident to such loss of life. If we assume that for each death occurring there are five cases of sickness, and each case of sickness requires the services of at least one attendant for three weeks, and add to this the destruction of clothing generally incident, together with the interruption of the occupation of other members of the family, we shall find that each case involves a probable loss or money outlay of $150,—at least upon a low estimate $100.

By this basis of estimating we are brought to the round sum of $2,238,000 the annual cash cost of the prevalence of small pox in this country, and if we allow that one half the cost was productive lives, each one of which, on the estimate established by political economists, is worth to the state as a productive force, $6,000, then we are compelled to add, at least, another $50,000,000, annual loss. At first thought, these figures may seem large, but from a thoughtful study of the facts, I am persuaded they do not cover the yearly cost to the nation from this cause. The true economy of the state looks to the saving of life; the saving of health, and time and working power, as of paramount importance to the saving of money.

Could the legislative and corporate authorities of our state be made acquainted with the full force of these facts, and become impressed with the necessity as well as the wisdom of inaugurating measures to secure the effective vaccine protection to all persons residing within the sphere of their authority, then should we have gained an important stand point upon the broad and beneficient platform of "preventive medicine."

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ARTICLE XII.

A CASE OF HERNIA—OBLIQUE, INGUINAL, CONGENITAL, IRREDUCIBLE AND STRANGULATED, WITH INFLAMMATION, EFFUSION INTO THE SAC, SLOUGHING OF THE INTESTINE, ARTIFICIAL ANUS, AND RECOVERY BY THE RE-ESTABLISHMENT OF THE PASSAGE IN THE INTESTINAL CANAL.

By Wm. McCall, M. D., of Omro.

The subject was a Mr. Perkins, a farmer, about forty-four years of age, residing in the Town of Omro, in this state. I was called to visit him on the 12th of October, 1859; found him with a tumor at the groin, laboring under severe pain in the bowels, constant vomiting, first the contents of the stomach, then bile, then stercoraceous matter with hiccough, and the usual symptoms of strangulated hernia. I learned from him that he had been from a child troubled with the same difficulty at times. These spells had continued through his adult life, and by lying down and manipulating the tumor he would get relief, although the swelling did not entirely disappear; that he had never been able to wear a truss, the attempt to do so producing so much irritation that he was obliged soon to discontinue it. I also found that the testicle on the affected side, (the right) had never descended into the scrotum. About four days before I was called he had a severe time, which lasted longer than usual, leaving more tenderness in the part than usual, and had not entirely disappeared up to the time of his next attack, which I am now to speak of. On the morning of the 12th October, the patient lifted and loaded a wagon with bags of wheat; drew it about eight miles to the city of Oshkosh, and again lifted it in unloading: by this time he was laboring under quite severe pain, but instead of lying down and trying to get relief as he had been wont to do under similar circumstances, he rode home the eight miles in a lumber wagon, which still increased the difficulty. After his arrival at home, he lay down and tried his manipulations, but without effect: he also called in a neighbor, who tried the taxis, but without success. In the evening I was sent for, between five and six miles, and found the patient laboring under the symptoms above described, with great tenderness of the tumor. I tried the taxis with applications of cold water, as much as I could under the circumstances, but did not succeed in returning it. I sent to our village for my friend Dr. McAllister, (who has since died), to assist me, also sent for ice, but could obtain none. After the Doctor arrived, we again tried the taxis, together with the warm bath, nauseating doses of tartarized antimony, enema of large quantities of warm water, also tobacco injections, but could not succeed, and con-

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cluded to operate after day-light in the morning. Between nine and ten o'clock on the morning of the 13th, the symptoms of strangulation still continuing, I made an incision about three inches in length through the integuments over the tumor, in the direction of the inguinal canal, taking the usual precaution of lifting the fascia with the forceps, and dividing with the scalpel lying horizontally, then introducing a director and slitting it up with a bistoury. In this instance, owing to adhesions, not many layers could be distinguished, before the sac appeared, of a blueish color. I then raised that and clipped it in the same way, and a jet of bloody serum issued from a very small orifice, with force as if under great pressure. I then enlarged the opening, and there discharged from the sac some eight or ten ounces of fluid, of a foetid smell, apparently much to the relief of the patient. I then introduced the director and slit open the sac with a probe pointed bistoury, exposing a knuckle of intestine about three inches in length, showing the effects of inflammation and congestion, but no spots of actual gangrene could be detected. The intestine was not very much distended, but I could not return it into the abdomen. The symptoms of strangulation having in a great measure subsided, I felt almost as though we had nothing more to do, but on consultation it was thought best to carry the operation further, and enlarge the opening at the neck of the sac, which I did by introducing my fore-finger and carrying a probe pointed bistoury lying flat against it, to the proper place, then turning the edge directly upwards, pressing against it until the fibres gave away, so I felt sure there could be no stricture, I then made another effort to return the intestine, but the adhesions prevented, and indicated to me that it had occupied its present position for a great length of time. We then dressed the wound by bringing the integuments in contact, and used sutures and adhesive straps. Purgatives of calomel were given, and enema were continued every day, which at first brought away the contents of the lower bowel, and then ceased to bring any faecal matter, still they were ordered to be used daily. Our patient made his will and prepared to die. Between the third and fourth day after the operation, my friend Dr. Schenick, of Oshkosh, was called to see the patient with me, and while he was there, I for the first time perceived a foetid faecal smell and a watery discharge from the wound, which indicated an approaching artificial anus. This was soon followed by faecal discharges of a bilious appearance. The sutures soon gave away and copius faecal discharges took place, the patient having to be cleansed every half or three quarters of an hour. The next day, the intestine hanging in shreds I removed it with scissors. The discharges were very frequent, very fluid, and of a bilious appearance. The integuments were now kept as near in contact as possible and compresses over the opening kept as tight as the patient would bear and be comfortable, and often removed to cleanse the part. Enemas were continued several times, a day and for about one week, with no sensible effect, after that length of time a small quantity of faecal matter was noticed to pass with the enema, and the quantity increased each day, while the discharge from the opening decreased in frequency and in quantity. Pressure was kept up, the parts healing and contracting, and the discharges from the rectum increasing. After a few weeks caustics were applied to the edges of the wound, and having visited my patient regularly or occasionally up to February 12th, (four

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months) I left home, leaving this case with an opening about the size of a large knitting needle, with a little watery discharge. I heard from the patient again in a few weeks, say in about five months from the time of the operation, and the wound was entirely healed. I saw my patient again on my return the next June, found him in the field holding the plough, and he told me he could endure more bodily exertion than ever before the operation. He was subject occasionally to cholic pains from flatulency, but called himself well.

I have since then inquired after him, his cholic pains gradually left him, and now, between fifteen and sixteen years since the operation, and at nearly sixty years of age, calls himself an able bodied man, carrying on his farm with his own hands.

From the symptoms and the facts connected with this case, I come to the following conclusions: that this was a case of congenital, oblique, inguinal hernia; the intestine passing through the canal into the scrotum, before or soon after birth, in place of the testicle, and never was returned, there being sufficient room in the canal to allow the fluid contents of the bowel to pass out and in without obstruction, the most of the time. This accounts for the patient's inability to wear a truss, which always produced irritation and pain, so he was obliged to abandon its use, that the inflammation in the bowel and the sac had produced complete adhesions at the ring, separating entirely the cavity of the sac from the cavity of the abdomen, that the symptoms of strangulation at different times were produced by inflammation of the intestine and the sac from accumulated faeces or flatus, or perhaps some effusion into the sac, and that relief had been obtained by pressure removing the contents of the intestine without returning it into the abdomen, that during the last attack, the inflammation was more severe and the distention greater than usual, owing to the patient's lifting, neglecting to try to get relief, and to rough handling of the parts, and as the inflammation approached gangrene, a large quantity of effusion took place; that relief was obtained by opening the distended sac; that a sloughing of the whole knuckle of the bowel took place at the neck of the sac; that the opening in the integuments allowed a free passage through the artificial anus; that at the ring there were two openings in the intestines, lying side by side, one passing out and the other in to the abdomen; that bringing the integuments in contact, and using compression, retarded the passage externally, and using enema, invited the faeces towards the inward opening, thus by the healing of the integuments and the membrane, the intestinal canal became united at a very acute angle. This would easily account for the cholic pains from flatus for several months after the operation, until the passage was freely restored. This to me was a very interesting case, I therefore offer it for your consideration.

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ARTICLE XIII.

CASE OF EXTRA UTERINE PREGNANCY, (ABDOMINAL.)

By Harmon Van Dusen, M. D., of Mineral Point.

On the evening of January 4th, 1852, I was called to consult with Dr. G. W. Burrall, of Dodgeville, in a case of what was supposed to be a tedious and protracted labor.

The patient, a Mrs. E., a native of Wales, aged about thirty years, and first pregnancy, had been in labor as I was informed by Dr. Burrall, some thirty-six hours without the least show of progress. An examination per vagina, as well as external developments, gave the most satisfactory evidence of a well matured fœtus, and yet nothing but a smooth distended membranous surface could be detected by the touch. Indeed a thorough exploration of the pelvic cavity failed to furnish the least possible clue to an opening into the fœtal inclosure. Still uterine pains which proved to be simulated, were regular and persistent, when not quieted by opiates. Verily so continuous and so annoying were they to the patient, that anodynes became the only relief from her almost constant suffering. I will say here, that some days prior to the calling of Dr. Burrall, a rupture made its appearance at the naval, which on examination was decided to be omental. It had, however, undergone considerable mutation from the time of its first appearance up to the period of our consultation. There had been a sloughing of the sac, hence a perfect exposure of its contents. The tumor at this time seemed a spongy mass of dead matter. Indeed, from its first presentation not the slightest pain, or even discomfort had been felt from its presence. On the evening of the 5th, after having been with the patient twenty-four hours, I returned home with a promise on leaving that I would meet the Doctor again on the 6th. On my return I found the patient rapidly sinking, and that too under the same veiled mystery that had accompanied the case from the beginning.

She died a few hours after my second visit, and a post-mortem revealed the fact that the rupture presentation, was a portion of a well developed placenta with a funis attached to both placenta and fœtus; and moreover a fœtus perfect in form and size, weighing some seven or eight pounds. Another fact was demonstrated that conception took place entirely independent of the uterus proper, and that gestation was carried on regularly within the abdomen and within the peritoneal sac for full nine months, until finally fœtal maturity by one of natures laws made a powerful effort to burst the bonds of confinement, but failed in the attempt.

The uterus was found normal, both in condition and position. The gravitating force of the fœtus had forced the peritoneal covering downward and forward into the pelvis, so as to totally conceal the uterus during the life of the patient.

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ARTICLE XIV.

REPORT OF A CASE OF MALFORMATION OF THE GENITO-URINARY ORGANS.

By J. A. Masterson, M. D., of Waterloo.

The following unique case of malformation of the genito-urinary organs, which came under my observation, in view of its interest in a teratological sense, may be thought worthy of publication in the records of this society.

In November, 1874, I was called to attend L. T., a young man aged twenty-four years, of large and well developed frame, of strong constitution, and fine mental capacity. Found him sitting up in a chair, although very weak and with symptoms indicating much gravity of disease. I learned that he had arrived the previous day from Chicago, where he had been employed as street car conductor. He stated he had been ill on previous occasions, with what he believed to be his present difficulty, and that he always had been able to obtain relief in a few days under medical treatment. Desiring to be among friends during his illness, he came to this place where they reside, intending to remain until able to resume work.

He complained of pain in the left lumbar region with difficulty in micturition. He stated that while standing or sitting erect, he could not void his urine, and that while lying on his back he was unable to retain it. The tongue was heavily coated, and the pulse which could not be felt anywhere in the region of the wrist joint, (I believe in consequence of an unusual distribution of its arteries) when felt at other points in the body was rapid and feeble. The countenance was expressive of much suffering and mental anxiety. All the symptoms in short gave evidence of great adynamia and of the probable speedy dissolution of the patient. The urine which was passed in sufficient quantities, was cloudy and highly ammoniacal, and deposited on standing an abundant yellowish white sediment, consisting of muco-pus.

An offensive odor arising from the person of the patient, and a peculiar shyness in his demeanor, led me to ask for an examination of his genital organs, to which he consented, though not without reluctance. On exposing the abdomen and genital organs to view, I was not a little surprised at finding the following peculiar condition of those parts: There was no umbilicus nor any signs of the remains of one. About three inches above the pubes was a circular opening in the abdominal wall in the median line, two inches in diameter. This opening in the abdomen was covered in by an indurated inelastic fibrous membrane of about two lines in thickness, attached to the margin of its circumference, and continuous with

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the surrounding integument. Near each lateral margin of this membraneous covering was a small opening, large enough to admit the largest sized catheter, and which served as the natural outlets for the urine.

While the patient kept the recumbent position, the membrane formed a slight concavity on the abdominal surface, which was constantly partially filled with an acrid purulent urine, which kept the parts in such a degree of pain and irritation, as to render an exploration of the urinary cavity during life impossible. While in this position, in response to his efforts to expel the urine that fluid would well up through the openings in the membrane like water issuing from a crevice on the surface of a rock. While standing, or sitting in the erect posture, the membrane protruded above the level of the abdominal surface, forming a rounded tumor from the downward gravitation of the intestines which occluding the openings in it, effectually prevented the outflow of the urine, thus accounting for one of the symptoms described by the patient. The sections of the abdominal surface comprised in the inguinal regions on either side of the opening in the abdominal wall were elevated considerably above the surrounding plane. The abdomen in the above mentioned regions was tense and resisting to the touch, and would not yield to pressure as did the rest of its surface.

The penis was about two inches in length, and was directed upward along the abdomen, so that the glands rested on the membrane, covering the opening in the abdomen. The organ in its most relaxed condition was of nearly equal solidity with a normal penis in the highest state of erection. The under surface of the organ, (upper surface for the patient) was normal in appearance in all respects save as to length. The dorsal surface was flat, and presented the appearance of a vertical section, having been made throughout its entire extent, from base to apex. There was no fissure nor glandulae-coronae, the entire surface presenting a continuous level plane. This surface of the organ was uncovered by integument, instead of which was a structure resembling the mucous membrane of the vagina. A change from the dorsal decubitus to the standing position, was not accompanied by a corresponding change in the position of the penis, which still maintained its upward direction and its relation to the abdomen. In elevating it with the fingers it could only be so far removed from its position as to form an angle of forty-five degrees with the abdomen, in consequence of the resistance offered by four strong inelastic fibrous cords or bands stretching across from the base of the dorsal surface of the organ to lower margin of the membrane, covering the opening in the abdominal wall. These cords or bands were situated equi distant from one another. Between each outside or lateral cord and the one contiguous, and the dorsal surface of the penis was a small slit like opening which gave exit to the seminal secretion. There was no urethral canal, although the corpora cavernosa and corpus spongiosum were well developed. The pudendal hairs which were large and thickly distributed instead of occupying the usual position around the pubes, formed two large curved tracts extending upward and outward to above the anterior superior spines of the ilii as far as the hypochandriac regions. The testicles were large and well developed, and were contained in a normal scrotum. The sexual

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passion was strong and active, and had existed in so intense a degree that the patient had made use of remedies for its abatement.

The patient continued to sink gradually until he died, six days after he came under my care, and on the tenth of his illness.

After death I introduced a female catheter into the urinary outlets in the membrane, covering the opening in the abdominal wall. On passing it into the opening near the left margin of the membrane, the instrument took a direction backward and laterally for a distance of about three inches. The point of the instrument could be made to describe the circumference of two thirds of a circle, beneath the elevated and tense portion of the abdominal wall, constituting the left inguinal regions, but could not be made to pass in the direction of the median line. The urine drawn off through this opening was highly ammoniacal and purulent, and of a strongly alkaline reaction. On introducing the instrument into the opening near the right margin of the membrane, the anatomical arrangement was found to be precisely the same on the right side as on the left. It passed outward and backward along the abdominal wall in the right inguinal region, but could not be made to pass toward the median line. The urine drawn from this opening was comparatively healthy and acid in reaction.

The knowledge derived from the use of the catheter, established beyond question the fact of the existence of two separate bladders or urinary recepticles. The penis was laid open by a longitudinal incision, and the non-existence of the urethral canal ascertained. Unfortunately no farther post mortem dissection would be permitted. Neither would permission be given for the obtaining of a photograph of the malformed parts. So fearful were the relatives, that the condition of the unfortunate patient would become generally known, that I was not permitted to call in the neighboring physicians to see this singular case, which I would like to have done. The only medical man besides myself who saw the case was Dr. D. C. Davies, of Columbus, who was called in consultation on the day of the patient's death.

The condition of the patient at the time of his coming under my observation was such, that I could learn but little from him of his history, or of the amount of inconvenience and annoyance his peculiar malformation occasioned him, and as he was the only source from which I had to draw, my information on this point is very limited. The manner in which he answered my questions, led me to regard the answers as unreliable. The physical evidences present, showed clearly enough that no inconvenience or annoyance arising from incontinence of urine existed while the patient remained in the standing or sitting position. The weight of the intestines impinging against the posterior walls of the urinary pouches or bladders pushed them forward in such a manner as to occlude the openings in the membrane covering the opening in the abdomen, thus preventing the outflow of the urine. But when lying on his back or on his side, the fluid would be likely to dribble away if not prevented by a sphincter like action at the mouth of the urinary outlets. This sphincter action, if we are to believe the statements of the patient did exist, as he avered that when in good health, he had been able at will to expel the

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urine a distance from the body. From the various occupations followed by the patient during his life, it is evident that he did not suffer that degree of annoyance attending the malformation known as extrophy of the bladder.

Strange as it may seem, the condition of this patient's genito-urinary organs remained unknown to any medical man previous to his coming under my charge, although several times under treatment for urinary difficulties.

The lesion which led to the death of the patient was diagnosed inflammation and suppuration of the left bladder, or urinary cavity. The pain felt in the left lumbar region would indicate inflammation of the left kidney.

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ARTICLE XV.

CASE OF ACUTE CYSTITIS ACCOMPANIED WITH CONGESTIVE STRICTURE OF URETHRA.

By E. W. Fairman, M. D., of Orfordville.

On October 23d, 1874, I was called to see Mr. H., a Norwegian, aged 74 years. On examination of the patient I pronounced his trouble to be acute inflammation of the bladder with congestive stricture of the urethra. My reasons were that there was excessive tenderness over the hypogastric region, the urine on collecting in the bladder created almost unendurable pain, and was of very high color.

On introducing the catheter it came in contact with three separate bands or constricted portions at intervals of about one inch, and as soon as the instrument passed each constriction, blood would flow along the side of the instrument. On reaching the bladder I found no blood, but a very tender condition of its coats so much so as to almost make him cry out with pain caused by the contact of the instrument with the walls of the bladder. As soon as I allowed the urine to flow he began to strain and try to force the urine to flow faster, which effort he seemed unable to avoid, although he knew that he increased his pain by so doing; after removing the instrument, there was a tremulous motion similar to a chill, but he said he felt no chilly sensation. His appetite was poor, and the man was very weak. As his attending physician expected to be absent for several days, I was requested to take charge of the case: I therefore gave him a prescription composed of Bicarbonate of Potassa, with Fluid Extract of Hyosciamus, in suitable doses, to be repeated every three hours, and also left a few Dovers powders to take during the evening if needed. After drawing the urine I injected into the bladder an ounce of water containing a grain of Sulphate of Morphine, allowing as much of it to remain as would, after the withdrawal of the Catheter. Having no leeches I painted the perineum with Tincture of Iodine.

24th Morning. Used Catheter and continued the above treatment, adding a cathartic which was needed for constipation. Evening.—Changed the above solution of Hyosciamus and Potassa for one containing Fluid Extract Conium and Liquor Potassa, also ordered an injection into the bowels of Tincture of Opium in Starch Water, to be retained as long as possible.

25th. Patient passed a comfortable night. Continued the same treatment.

26th. Another easy night; also passed some of his urine before I arrived. Continued the treatment of previous days. Evening. He thinks he will not need a

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doctor much longer, as he can pass his urine quite freely. Used injection of Morphia as before.

27th Morning. Still improving. Continued treatment with the addition of Quinine grs ii; three times a day.

28th Morning. Patient still mending. The same treatment continued as on yesterday. Dr. Henry Palmer, of Janesville, being in the vicinity, was called in consultation at my request, who agreed with me in the diagnosis and treatment to the present time, but thought that it was tending to vesical catarrh, and advised to substitute Tincture of Iron for the Liquor Potassa, but admitted that it might have a tendency to again suppress his urine. With the above admission I agreed to try the iron on the following day.

29th. Patient feeling comfortable. Discontinued the Liquor Potassa and gave the Tincture of Iron in its place and left the patient to be seen in two days as he was improving fast, and it was his wish.

30th. Patient sent for me this morning, saying that he could not pass his water. Being away from home, did not get the summons until 1 o'clock. On drawing his urine I found a heavy thick sediment, soon settling to the bottom of the vessel. Upon this appearance I concluded to try the effect of injecting a solution of Carbolic acid into the bladder, followed by a solution of morphia as before. The strength of the acid was one part in seventy and about two ounces, were injected into the bladder, and retained a few minutes by holding the finger over the end of the catheter. I discontinued the tincture of iron and gave the liquor potassa as before, otherwise the treatment was continued.

31st. The same treatment was continued except the carbolic acid was used a little stronger.

November 1st. Patient easier but still unable to void his urine. On drawing it, found less sediment, also not so much smarting or pain complained of.

2d. Urine perceptively improved in character, and passed without the use of catheter. Same treatment continued with the addition of a little bourbon as a tonic three or four times a day.

3d. Passed urine quite freely without much pain, and there is but very little sediment, advised a continuance of the treatment, but he said he was almost well, and that he would get along without further medical attendance. Some five months afterward patient died without having any physician attend him, for they "could not cure him, and it was a useless waste of money."

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ARTICLE XVI.

PUERPERAL CONVULSIONS—A CASE, WITH OBSERVATIONS UPON ITS ETIOLOGY, PATHOLOGY, SYMPTOMATOLOGY, NOSOLOGY, DIAGNOSIS, PROGNOSIS, THERAPEUTICS AND HYGIENICS.

By J. B. Cory, M. D., of Patch Grove.

Mrs. B——s, aged 24, native of Wisconsin, sanguine lymphatic temperament, had typhoid fever last October, when about four months advanced in her third pregnancy. The disease pursued its usual course, no serious complications presenting, lasting twenty-one days. She was treated with aconite, quinine and dovers powder, made a good recovery, and did all the work of the house and some work out of doors during the winter. She became exceedingly fat, to use the common expression she was bloated, and the question was raised whether it might not be dropsy. I did not see her till her confinement, but as there was no pitting on pressure, no swelling of the feet, eyelids or labia, I concluded that it was simply an excess of adipose tissue. She remarked to a neighbor that she never felt better in her life, and that she "ate like a pig." I have since learned, however, that she was troubled a good deal with headache, and that on two occasions it was very severe, seated in the occipital region, and accompanied with nausea and vomiting. She supposed it to be ordinary sick headache.

Early in the morning of March 25th, 1875, her husband called me out of bed, and said she was having a very peculiar headache, which had commenced the evening before, and was getting worse. He described it as being of an intermittent character, intense for a few minutes in back of head, then gradually passing off to return again in fifteen or twenty minutes as before, accompanied with nausea and vomiting. In reply to a question he said "she has gone a week over the time of her expected confinement, but complains of nothing like labor pains." I suspected there was "trouble brewing," and told him I would see her soon. I had barely finished my toilet, when he came again, greatly excited, and urged me to go quickly, as he feared I would not find his wife alive.

Hurrying to the house I found Mrs. B. in one of the most terrible convulsions I ever witnessed, the face bloated and purple, the tongue swollen, and almost black, protruding between the closed teeth, blood and froth oozing from the corners of the mouth, the eyelids winking, the muscles of the face and upper extremities jerking rapidly, formed a picture truly hideous.

As soon as possible I took about 24 ounces of blood from the arm, and as soon as respiration was established, gave chloroform by inhalation. After the paroxysm

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had passed off, I ascertained that the tongue was heavily loaded with a yellow coat, the pulse very rapid and thready, and the skin hot. The uterus was contracting feebly at intervals, the os dilated to the size of a five cent piece. Gave calomel and jalap, of each 20 grains.

The next paroxysm came on in about twenty minutes, but was partially averted by chloroform. I endeavored to prevent the wounding of the tongue by inserting a knife handle between the teeth.

About nine o'clock, two hours after first seeing her, I gave an enema of soap and water, one pint, with an ounce of turpentine. She was wholly unconscious, but could be made to swallow in the intervals. Every contraction of the uterus, brought on premonitory symptoms of a fit, but by anticipating their return, I could sometimes ward them off by the free exhibition of chloroform, and at others I think their intensity was much lessened. During one of the fits the bandage on the arm became loosened, and before it was discovered she had lost eight or ten ounces more blood. At ten o'clock I gave another enema, and drew off about two pints of clear limpid urine. In a short time there was an involuntary discharge of faeces into the bed, and she was removed to a lounge in another room.

There were no more convulsions, but as a precautionary measure, chloroform inhalations were repeated at intervals. She soon became conscious, the waters broke about eleven, the first stage of labor was completed soon after, and she was delivered of a female child a few minutes before twelve.

I did not anticipate any further trouble, but as I was obliged to leave town to visit other patients, I left directions with the nurse, a very intelligent lady, that if there should be a return of convulsions, to use chloroform in the same manner as she had seen me use it in the morning.

On my return about 7 P. M., I was informed that there had been several convulsions: she was semi-conscious, skin hot and dry, pulse quick: convulsions were threatened frequently, but kept off by the careful watching, and timely administration of chloroform by the nurse. Gave ¼ gr. morphia hypodermically. Left bromide of potassium grs x, and Tinct. aconite root Gtt. ii. in solution, to be given every hour till the pulse became less frequent, and skin cooler and moist, then once in two hours: and ¼ gr. morphia to be given every four hours, till she became quiet. Drew off eight oz. urine.

March 24, 8 A. M. Had no convulsions during the night. Nurse states that she used chloroform as often as every half hour when she thought they were threatening, pulse less frequent, 100, skin cooler and moist, tongue coated, swollen and sore: sleeping soundly when not disturbed, has no pain, feels comfortable: bowels moved twice during the night: tested urine, found it heavily loaded with albumen. Continued bromide of potassium and aconite every two hours.

1 P. M. Improving. Continued treatment.

The baby has had a convulsion, has not nursed, has passed water and faeces, has been given cracker tea with cream. Ordered the nurse to keep it warm, and if there was a return of convulsions, to put it in a hot bath, and as soon as its mother could furnish any milk to give it some in a teaspoon, if it would not nurse.

7 P. M. Mother still improving. Continue medicine every four hours. The baby

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has had several convulsions, is stupid and apparently unconscious. I took one teaspoonful of the medicine prepared for the mother, and diluted it with eleven teaspoonfuls of water, and directed the nurse to give it a teaspoonful every two hours.

27th, 10 A. M. Mother very much better, is conscious, pulse and temperature normal, skin moist: had toast and tea for breakfast, appetite returning, lochia natural, not more than half as much albumen in urine as yesterday. Child failing, cannot swallow, and they have ceased giving medicine or food, have given but two or three doses: respiration scarcely perceptible, unconscious and comatose. Prognosis very bad, but ordered a teaspoonful of the medicine to be put in its mouth every two hours, remarking that some of it might be absorbed even if it did not swallow.

7 P. M. Mother better, discontinue medicine. Child still alive, not much change since morning, but can swallow a little.

28th. Mother doing well, tongue cleaning, appetite good, bowels regular, barely a trace of albumen in urine, pulse and temperature good, skin moist. Gave quinine one grain three times a day. Child better, has had no more convulsions, breathes better and can swallow, has had cracker tea and cream. Continue medicine, and apply to the breast several times during the day. If it will not nurse, draw a little milk as soon as it is secreted and give it.

29th. Mother doing well, breasts full of milk. The child has nursed and is sleeping quietly: nothing unusual at this stage of the getting up except a sore tongue. I did not see them again, but heard from them daily. Nothing of importance occurred, and she convalesced as well as women ordinarily do.

I have reported the above case not only in compliance with art. 7 of our by-laws, but also because of its importance in view of the rarity of the disease, and the difference of opinion regarding its etiology and treatment.

Opinions as to the *cause* of puerperal convulsions have been almost as various as the authors who have written upon the subject. Among those which have been mentioned as predisposing or exciting are "General Plethora," "Blood Impurities and Constipation," "A Robust Plethoric Constitution," "A Nervous Sanguine Temperament," "Distension of the Vascular System," "Somnolence and Corpulency," "Thick Cranial Bones," "Osteophytil Plates," "Rachitis," "Increase of Venous Blood," "Leucophlegmasia," "General Infiltration," "Albuminuria," "Uraemic Intoxication," "A Distended Uterus," "Distension of the Abdomen," "A Male Foetus," "Metastasis of the Pains," "A Peculiar Uterine Pain," "Tetanus Uteri," "Pressure on the Bladder," "Indigestion" and "Disturbance of disposition." The uterine nerves have been considered the point of the departure and again the *plexus hypogastricus*.

The most modern view, is that elicited by experiments of Brown, Sequard, Penner, Schiff, Kussmaul and Nathennagel, of Berlin, together with the fact that albuminuria nearly always accompanies the disorder.

The above named experimenters have shown that convulsions of an epileptic character are induced by irritating certain portions of the medulla oblongata, and that the area of irritability producing convulsions, is confined to a small portion of the spinal cord.

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Sir James Y. Simpson advanced an opinion eighteen years ago, which was supported by Dessau in 1870, and has not yet been improved upon, and though still leaving the subject in obscurity, is, I believe, generally adopted by the leading minds of the profession, and which may be summed up something as follows: Pregnancy with the accompanying enlargement of the uterus, and pressure of the kidneys and renal vessels under certain conditions not fully known, is the cause of renal disorder, and the blood becomes contaminated, with "peccant humors," which circulating throughout the system, causes a superexcitability of the spinal centers, predisposing to convulsions. This state of things existing, the exciting cause may be anything that by reflex action causes irritation of the medulla oblongata, and may originate in the uterus, stomach, intestines or bladder, or perhaps any organ of the body, or even the blood itself, or it may be mental emotion.

The pathology of puerperal convulsions is if anything more obscure than the etiology, the most carefully conducted post mortem examination frequently failing to discover any organic lesion. A chemical and microscopical examination of the blood, tubuli uriniferi, and malphighian bodies, would perhaps throw more light upon the subject.

The *symptoms* of puerperal convulsions need not occupy much of our time here, as they have been quite fully given in the case above reported. There are two points of interest, however, which we may with profit recall, viz: The intermittent character of the headache and the absence of ischuria both in mother and child. A certain writer gives metastasis of pain as one of the exciting causes, and if such a thing is possible, this would seem to be a case of that kind. Cazeaux says: "A very remarkable circumstance and one which seems to prove the uraemic nature of eclampsia, is the suspension for a longer or shorter time of the urinary secretion," but in this case there was a free discharge of urine from the beginning.

Of the *nosology* of this disease I have only to say that the term eclampsia, so frequently used in speaking of it, is objectionable from the fact that it does not as fully define it as it should, the term meaning convulsion, without limitation. Puerperal convulsions I think is preferable, or if we desire a more classical name, *eclampsia gravidarum et parturientum.*

The *diagnosis* of puerperal convulsions is not always easy; it is probably more frequently confounded with hysteria than with any other affection, and I have seen a case reported in one of the medical periodicals, in which the symptoms as described, more nearly resembled the latter. It is necessary also to distinguish it from epilepsy, catalepsy and tetanus during the paroxysm, and from apoplexy, concussion of brain, and drunkenness during the stage of coma. In hysteria the intellectual powers are not abolished, there is no coma after the fit, the limbs writhe with violence, and there is a continual tendency to change the position, and were she not restrained, the patient would throw herself from the bed: there is also the well known "globus hystericus," and a tendency to laugh or cry, there is no frothing at the mouth, and the thumb instead of being flexed in the palm of the hand, is extended outside of the other fingers. The affection more nearly resembles epilepsy than any other, the points of difference being the absence of the peculiar cry that characterizes the beginning of an attack of epilepsy, and also that there is

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little or no coma following an attack of the latter. In doubtful cases an examination of the urine, for albumen, epithelial cells, cylinders of fibin, blood and mucus corpuscles from the ureters, will usually determine the question. The persistence of the convulsive rigidity of the limbs characterizes tetanus, and the limbs retaining any position in which they may be fixed catalepsy. The coma of apoplexy, is not preceded by convulsive phenomena, is accompanied by hemiplegia, and the loss of intelligence may be wanting, or limited to simple obtuseness. In concussion of the brain the absence of previous convulsions, and the discovery of marks on the head indicating a blow or fall, will serve to distinguish it. The previous history of the patient and the vinous odor of the breath will reveal drunkenness.

The *prognosis* of puerperal convulsions is undoubtedly grave, some writers maintaining that more than 50 per cent. die. I think, however, that a thorough knowledge of the nature of the disease, with prompt and appropriate treatment will very materially reduce the mortality. It has been my fortune to observe but three cases, two in my own practice, and one in that of Dr. Howsi, of Mt. Hope, since deceased, to which I was called in consultation, all of which recovered.

Dr. Erich, of the Medical and Surgical Society of Baltimore, says: "I have seen five cases of post partem convulsions, but I never saw a case terminate fatally in which bleeding was used in the early stages."—*Medical and Surgical Reporter, Jan. 11th, 1873.* Dr. Ed. Montgomery, of St. Louis, in the Medical and Surgical Journal of that city, September, 1872, says: "During the past three years I have attended or visited in consultation eight cases, and they all recovered. His treatment was venesection, calomel and jalap, and chloral hydrate. Dr. Carl Braun reports sixteen cases treated by chloroform, all of which recovered. Of course such success cannot always be expected, but it shows what may be accomplished by judicious treatment, and also the rapid progress we are making in the healing art.

In *treating* a case of puerperal convulsions, there are four things that demand our careful consideration. 1st. The general condition of the patient; 2d, the predisposing cause; 3d, the exciting cause, and 4th, the tendency to death. Granting that the predisposing cause is some kind of a blood poison acting upon the nervous centres, elimination is called for. This can be partially accomplished, more speedily than in any other way by bleeding and purging. The stage of coma indicates congestion or effusion within the brain, which also calls for venesection, cathartics, and medicines that produce an anaemic condition of brain. The stage of excitement indicates remedies to blunt the sensibilities of the nervous centres at the same time that they do not tend to congestion of those parts.

The first thing to be done then on being called to a case of puerperal convulsions, unless it is decidedly contraindicated by the general condition of the patient, is to take blood from the arm in a full free stream, the amount to be regulated by the attendant circumstances, rarely less than thirty-two ounces. As soon as sufficient blood is taken, and the wounded vein secured, begin the administration of chloroform, at the same time watching the pulse and respiration, and give enough if possible to control the spasms, or at least mitigate their severity, withholding it

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during the stage of coma, until there are signs of an approaching convulsion. The tongue must be protected by inserting a piece of soft wood or a twisted handkerchief between the teeth. As soon as the patient can swallow, give 20 grains of jalap and 10 grains of calomel, or if this cannot be done, one or two drops of croton oil upon the tongue, and follow it every hour or two with stimulating enemas containing turpentine, until the bowels are freely evacuated. As soon as it can be administered I would commence the use of bromide of potassium in large doses in solution every two hours, and if there was a quick hard pulse with hot dry skin, I would combine from ij to ix drops of tincture of aconite root with every dose. I am convinced that if the above treatment is faithfully carried out, being varied to suit the different cases, a much larger proportion will be saved than formerly.

Dr. Ed. Montgomery, of whom mention has already been made, and whose treatment more nearly coincides with my views than any other I have seen, prefers to give chloral hydrate in place of chloroform, and I am not fully prepared to say that it is not the better practice, but for the present I prefer the latter, principally because it is more fully under our control. I give it only for its temporary effect, and depend upon bromide of potassium to restore the medulla to its normal condition. It is also said to be a diuretic, and I think it exerts a favorable influence upon the genito-urinary system. By-the-way, this remedy which I consider one of the most important in these cases, is not mentioned by any of the authors upon obstetrics within my reach, and the first mention I have been able to find made of it, is in an article published in the *American Journal of the Medical Sciences*, for July, 1867, by Chas. C. Soyer, of Leavenworth, Kansas, who claims to have been the first to use it in puerperal convulsions.

I have never seen aconite recommended for puerperal convulsions, and so far as I know, the case herewith reported is the only one in which it has been given. I think it will prove to be a remedy of great value in the treatment of this disease, when judiciously administered. Cases of tetanus have been successfully treated with it, by Mr. De Morgan, Dr. G. Smith, Dr. Sedgwick, Dr. Woakes and Professor Wunderlich.* It is said to "act by diminishing the irritability of that portion of the nervous center which controls reflex muscular action," an effect which is certainly very desirable of accomplishment in puerperal convulsions. We also usually have in these cases an increased action of the heart and circulatory system with high temperature, and probably an inflammatory condition of the kidney all of which are favorably influenced by aconite. I think it may reasonbly and safely, with advantages in its favor take the place of tartar emetic, formerly so freely prescribed by eminent men in the profession. Opium is contraindicated in all cases not absolutely anaemic, and if used at all should always be combined with bromide of potassium to counteract any tendency to congestion of the brain. Revulsive measures applied to the spine and extremities should not be neglected: hot water, turpentine and mustard may be used for this purpose.

Preventive treatment should receive our attention and its consideration will include what I have to say of the hygienics of puerperal convulsions. Should the pregnant female be inclined to plethora, with a full pulse and frequent headaches, she should

*Waring's Therapeutics, Page 44.

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be bled, saline cathartics should be administered and the diet restricted. In anaemic cases mild laxatives and a nutritious diet should be enjoined. Jalap and cream of tartar would be a good purgative in cases of oedema, Colchicum and Guaiacum have also been recommended from their property of increasing the elimination of urea. The urine of the pregnant female should be examined every two weeks during the last two months of pregnancy, and should albuminuria be found to exist, the administration of muriated tincture of iron and nitrous ether would probably constitute the best treatment, along with diaphoretics and counter irritation over the kidneys. All sources of mental anxiety or excitement should be avoided, and the patient encouraged to take moderate regular exercise, and when practicable in the open air.

There is no doubt but the majority of the cases of puerperal convulsions might be prevented if proper precautionary measures were taken in time.

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ARTICLE XVII.

KRISTELLER'S NEW METHOD OF DELIVERY.

By A. Graettinger, M. D., of Milwaukee.

At the beginning of the present century, Wigand made the important discovery, that an abnormal position of the fœtus can be rectified by external manipulation. Modern midwifery, following this direction, endeavored to improve the operation of turning by combining internal and external manipulations. The bipolar method of turning, as taught by Braxton Hicks, has obtained a high rank among the obstetrical operations. Crede proceeded in the same direction, and showed that the placenta could be removed from the uterus by means of external pressure. And now Kristeller teaches us, that by the same means the fœtus itself can be removed, from the uterine cavity. He calls his method, "Expressio fœtus."

The leading idea of the "Expressio fœtus" is that any force acting upon one pole of the long axis of the body of the child, necessarily propels the other in the direction of the least resistance.

In performing this method, the physician stands at one side of the parturient woman who is placed in the dorsal position, uncovers the abdomen, isolates the womb from the neighboring organs by gently displacing the intestinal convolutions, and rectifies any obliquity of the womb by bringing its long axis into coincidence with that of the pelvic brim. Now, he grasps the uterus with his hands in the following manner: His little fingers point to the pelvis, his palms are applied to the fundus of the uterus or upper portions of its sides, his thumbs to its anterior wall, his fingers spread not too far apart, try to reach the posterior wall. The abdominal integuments being lax, he can do the latter quite easily, but also in fat and rigid integuments he will succeed with a little perseverance. He should apply his hands at equal heights. Then, after gently rubbing the parts grasped, he commences to press slightly downwards, increases the pressure gradually, keeps it at a certain height from five to eight seconds and diminishes it gradually. After an interval of from one to three minutes he commences again. He may change the places of pressure. The os not being dilated very much, he should apply the pressure to the upper portions of the sides of the uterus, but the os being dilatable or completely dilated, to the fundus. These compressions are to be repeated ten, twenty or thirty times. In difficult cases the physician may pause for ten or fifteen minutes after ten or fifteen compressions. Towards the termination of the birth they should be made in more

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rapid succession. Sometimes a few of them suffice to terminate a case which had been lingering for many hours. If a marked effect is not produced by twenty or thirty compressions, they should not be continued any longer.

To test the value of the method, and to acquire the requisite dexterity, multiparae with quite relaxed abdominal walls, may be selected for a beginning. The latter condition is favorable to its practicability: essential, however, are a normal pelvis, a coincidence of the long axis of the fœtus with that of the womb, and a certain preparedness of the soft tissues. Inflammation of the skin, muscles or peritoneum precludes it entirely. The pain produced by the compressions of the uterus, is unimportant, it is not more severe than a labor pain, and may be overcome by chloroform.

Kristeller's "Expressio fœtus" is applicable to all cases of inert labor, particularly when the head is arrested at the pelvic floor, or the shoulders are detained after the birth of the head.

It is invaluable in cases of breech presentations, which linger after they have progressed too far to bring down a foot. It may assist the manual extraction of the breech, or be applied alone. What mischief has been done by the blunt hook, applied to a living child, only he knows, who has been instructed in its use. Its application to a living child should be avoided. The fillet in place of the blunt hook, is also liable to inflict injuries, if there is much resistance to be overcome by strenuous pulling.

After the operation of turning, it is necessary sometimes, to bring the delivery to a speedy termination. There remains no time to wait for succeeding pains. But every obstetrician knows that tractions at the lower extremity of the fœtus, performed during an interval between two pains, cause the hands to slip up to the sides of the head. To prevent this unfortunate complication, Kristeller's method is admirably adapted. It may be well to remind in this connection, that the compressions have no effect, until the leg has passed the vulva to below the knee. For, only then the breech enters the brim, and the long axis of the child corresponds to that of the uterus.

In head-last labors the method in question, facilitates in a great measure the manual extraction of the head.

When the os uteri is rigid and unyielding, incisions and morphia have hitherto been found of good effect, but compressions of the sides of the uterus near to its fundus, applied while the woman is under the influence of chloroform, afford much greater advantages.

In cases of placenta praevia, where labor has begun and a vaginal tampon been introduced, they serve to bring down the presenting part against the latter, and thus to compress the placenta between them.

In twin-pregnancy, where the period of delay after the birth of the first child lasts too long, the second child, if in proper position, can be brought into the world by Kisteller's "Expressio."

Manual or instrumental extraction sometimes leaves the uterus in a state of inertia, which favors the occurrence of a post partem hemorrhage. This new

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method of delivery prevents it, by arousing the activity of the uterus, and keeping the latter in contact with the fœtus.

Manual and instrumental extractions require the membranes to be ruptured; they destroy the natural attitude and position of the fœtus within the uterus. The "Expressio" does not interfere either with the membranes or the natural position, flexion and rotation of the child. In a mechanical point of view, however, it is inferior to the manual or instrumental extraction, and even to ergot. If, therefore, the symptoms are so urgent as to demand to complete delivery as soon as possible, it should not be resorted to.

Case 1st. I was called to Mrs. E. L., in labor with her eighth child, at two o'clock A. M., October 3d, 1874. She was a healthy woman of thirty-seven years. She told me that in her second labor the placenta was taken away from her in pieces, and in her third the shoulders were arrested after the birth of the head, so that the child died, before skillful assistance arrived. Three years before in July, in her sixth labor, I delivered her of a dead child. The attending midwife permitted the case, a breech-presentation, to go on without summoning an obstetrician, until after the birth of the shoulders the head was arrested on account of inertia uteri.

As to her present pregnancy, she believed to be at the end of the forty-first week. Two days before, the waters had escaped without any pains following. Two hours before I came there, labor pains had begun. I found the os dilated to the extent of a crown piece. The pains returned regularly about every five minutes, and after twenty minutes the head commenced to descend, protruding the anterior segment of the lower part of the uterus. This had retracted, and the head reached the pelvic floor, when the pains abated unexpectedly. They occurred now more slowly and lasted only a few seconds. In vain, I waited patiently thirty minutes for the renewal of uterine contractions. Ergot was indicated. But I concluded to try Kristeller's method. The first two compressions had no effect whatever. The third aroused a violent pain, which propelled the head down and over the perineum. The shoulders followed in five seconds, the placenta after five minutes without any farther assistance. Mother and child did well.

Case 2d. Mrs. M. U., in labor with her third child, sent for me at one o'clock, P. M., October 6th, 1874. She was about twenty-nine years of age, medium size, and of a feeble constitution. The two preceding labors, nine and four years before, had been natural. When I arrived there, the labor pains were feeble and short, the intervals long. I found the os dilated to the extent of a shilling, its margins thick and rigid; prescribed opii gr. IV in divided doses, and left her. At ten P. M. the discharges from the vagina were tinged with blood; the size of the os and the pains the same.

October 7th, 9 A. M. The same condition. She had slept but little. I prescribed Hydrate Chloral two drachms, Morphia Sulphas one grain. Distilled Water and Syrup of Orange Peel of each two ounces. A table-spoonful to be taken every hour at one P. M.. no change.

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October 8th, 3 o'clock A. M. I was called again, as the woman seemed to be exhausted. She sat in a chair slumbering, the slumber interrupted from time to time by slight pains. She had taken all the medicine. The os was now dilated to the size of a crown-piece. I directed her to go to bed, and then began to apply Kristeller's "Expressio." I made the first six compressions at the upper portions of the sides of the uterus. I found then the os nearly dilated. The next six compressions I made at the fundus. Thus an hour had elapsed. The os was now completely dilated. I ruptured the membranes. The head presented in the first position. After a pause of ten minutes I resumed the compressions. The head descended into the pelvic cavity. The following two compressions propelled it to the ostium vaginae, and by the next it passed into the world. Thus sixteen compressions in an hour and twenty minutes, had terminated a labor which had lingered for two days. The placenta followed after fifteen minutes. The uterus contracted well. Mother and child did well.

Case 3d. Mrs. B. H., at the end of the seventh month of her thirteenth pregnancy, sent for me ut 9 P. M., on the 24th of December, 1874. She was over medium size, of a good constitution, and forty-three years of age. During the afternoon, waters and blood were draining away from the vagina, and from time to time large clots escaped. She was in bed, had labor pains, looked very anaemic. I found large coagula lying between her thighs; the os dilated so as to admit the tips of two fingers; its margins thick and unyielding. As the pains succeeded each other regularly, the placenta was beyond the reach of the finger, and the woman did not flow much now, so I concluded to wait. After thirty minutes the os was found unchanged, the woman commenced to yawn and to complain of dimness of vision, symptoms of approaching syncope. Active interference now became necessary. The os not being dilatable to extract the child in safety, the only operation applicable, seemed to be the "Expressio fœtus."

In thirty minutes I performed twelve compressions. The os was then sufficiently dilated; the breech in first position. After eighteen compressions the left foot was at the pelvic floor; twenty had propelled it to its knee. A loop of the umbilical cord was coiled around the leg; I freed it; the pulsation of the cord could not be felt. Therefore, I concluded to terminate now the delivery by manual extraction, which was easily done. The arms came down with the thorax. The child was alive. The next pain expelled the placenta, before I had time to sever the cord. The mother did well; the child died of atelectasis pulmonum twenty-four hours after birth.

Case 4th. J. C., twenty-seven years old, a delicate woman, was in her fourth labor. One year before she had given birth to a dead child in a head-last labor. I was sent for at one P. M., January 27th, 1875. A midwife was attending. The waters had escaped ten hours before; no pains; os sufficiently dilated; breech presentation. As in breech presentations the life of the child is usually lost, if the pains do not succeed each other rapidly, and as there were no pains at all, so I concluded to extract the child, while an assistant applied Kristeller's external pressure. I instructed the midwife in the necessary manipulations, and proceeded. The extraction was performed easily, no arm to be liberated. Child alive.

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Case 5th. D. B., forty-two years old, was in her seventh labor. Her last labor had occurred six years before. I was called at four P. M., February 1st, 1875; pains since twenty hours; os almost fully dilated; membranes intact; first cranial position. The attending midwife wished the forceps applied. I instituted Kristeller's manoeuvre. The second compression ruptured the membranes; the third expelled the child. Child alive.

I find five cases more among my notes, where I applied this new method during the last year. In all I succeeded except one, in which after an operation of turning, I tried it before the leg had passed the os vaginae to below the knee, i. e. before the breech had entered the plane of the pelvic brim.

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ARTICLE VXIII.

BIOGRAPHICAL SKETCH OF DR. THOMAS G. WILLIAMS, OF WATERTOWN.

By N. Senn, M. D., of Milwaukee.

Dr. Thomas G. Williams was born in Waukesha County, Wis., August 28, 1844, and was therefore at the time of death in his 30th year. Soon after, his parents removed to Ixonia, Jefferson County, where they still reside. Here he spent his childhood and early youth. After having obtained a thorough knowledge of the common branches usually taught in the district schools, he entered Dennison University, Granville, Ohio, where he remained until 1865. He commenced the study of medicine in 1866 and matriculated at the Chicago Medical College in the fall of the same year. After having attended three courses of lectures he graduated with distinction from that institution in the spring of 1869, receiving the first prize for his thesis on the "Physiological action of Bromide of Potassium," which was published shortly afterwards in the Chicago Medical Examiner. After graduation he served for some time in the capacity of house physician, of the Mercy Hospital, Chicago.

In the summer of 1869 he commenced his professional career in Watertown, Wis., where, by his diligence and superior skill he soon obtained an extensive and lucrative practice.

The winter of 1871 he spent in New York, where he attended a course of lectures at the Bellevue Hospital College, from which he received a diploma. Returning to Watertown he continued his practice with increasing success. In May, 1872, he was married to Adella P. Coe, daughter of O. K. Coe, of Watertown.

In February, 1873, he suffered from a slight attack of pneumonia, caused no doubt by his constant application and frequent exposures. The consolidated portion of his lungs never underwent complete resolutions but became the seat of caseous degeneration with subsequent development of tubercles. His health gradually failed, until a change of climate seemed to offer the only chance of recovery. In the spring of 1874 he left with his devoted wife and infant daughter for Santa Barbara, Cal., with a firm belief of his ultimate restoration to health.

For a time the genial climate of Southern California seemed to act favorably, inspiring him with renewed hopes, and filling the hearts of his many friends with joy, but alas! this apparent improvement proved to be only of temporary duration: his strength rapidly failed, and on the 18th of January his noble soul returned to the mansions of its Creator, where suffering and death are unknown. During his

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long and painful illness his faith and trust remained firm in the goodness, wisdom and mercy of Him "who doeth all things well."

From early childhood to the time of his death he was an earnest and devoted Christian. He carried his religion into his every day life and adopted the golden rule as a guide in his dealings with his fellow-men.

"His scientific attainments and culture only made him more clear and steadfast in his religious views and supplied him with a deeper and stronger foundation on which to rest his convictions and faith. His open, genial and warm-hearted nature endeared him to all, especially the poor and destitute, for whom he had always had such ready service and sympathy. His life from childhood was one of unselfish devotion to the welfare and happiness of those around him. With him the church has lost one of its firmest pillars, the community an untiring benefactor, his family a kind husband and loving father, and our Society one of its most worth members.

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ARTICLE XIX.

CONSTITUTION AND BV-LAWS OF THE WISCONSIN STATE MEDICAL SOCIETY.

PREAMBLE.

We, the undersigned, Physicians and Surgeons of the State of Wisconsin, in order to cultivate harmony and kind feeling among the members of the Medical Profession, to promote the advancement of the medical and collateral sciences, and to assist us in acquiring a knowledge of the same, and in keeping pace with the progress of medical science, to help us appreciate the magnitude and nature of the mutual duties and responsibilities existing between the medical profession and the community, and to protect ourselves and society against the impositions of medical pretenders, do hereby agree to associate ourselves together and be governed by the following:

CONSTITUTION.

ART. I. This organization shall be known by the name of the Wisconsin State Medical Society.

ART. II. The Society shall meet annually on the first Tuesday of June, at 7 o clock, P. M., in the place designated by the Society at its previous meeting.

ART. III. Seven members of this Society shall constitute a quorum for the transaction of business, but any number may adjourn from time to time.

ART. IV. The officers of this Society shall be a President, a First and Second Vice President, a Secretary, a Treasurer, and three Censors, who shall be elected at the Annual Meeting, and hold their offices respectively for the term of one year, (except the Censors,) and until their successors in office are duly elected and qualified. The Censors shall be elected for three years—one to be elected annually—and at the first election following the adoption of this amendment, one shall be elected for the term of one year, one for two years, and one for three years.

ART. V. The President shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require, and deliver an address at the close of his term of office. He may call *special meetings* at any time, if he deem it necessary; and it shall be his duty to call such meetings whenever requested in writing to do so by five members of this Society.

ART. VI. In case of the absence or inability of the President to discharge his duties, the latter shall devolve upon the Vice Presidents, and in the order of their election.

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ART. VII. The Secretary shall record the Minutes and authenticate the Proceedings, give due notice of all meetings, conduct the correspondence of the Society, preserve all records and papers belonging to the Society, and at the close of his term of office shall lay before the Society a full report of his official correspondence and doings.

ART. VIII. The Treasurer shall collect and receive all monies due or presented to the Society, and shall disburse the same under its direction. He shall keep a book in which he shall enter the debits and credits of every member, the amounts received and distributed by him as Treasurer, and shall at the expiration of his term of office—and at any other time when requested to do so by the Society—report the condition of the treasury. He shall also give good and sufficient bond to the Secretary, in behalf of the Society, for the faithful discharge of his trust.

ART. IX. The Censors shall constitute a committee for the examination of applicants for membership; but shall entertain no petition for membership unless the applicant shall appear in person and present the certificate of two respectable Physicians living in the immediate vicinity of said applicant, as to moral and professional character. They shall also examine candidates for the study of Medicine, as to their educational qualifications, these qualifications to be at least a good knowledge of English and of mathematics, and no member of this Society shall receive a student into his office until such student shall present a certifiate from the Board, stating that he has the requisite preliminary education.

ART. X. Any regular Physician making application for membership in accordance with the provisions of Art. IX, and who shall present a diploma from a regularly organized school of Medicine of good repute; or a certificate or diploma of membership in a county or district medical society, accompanied by a certificate of six year's practice; or who shall submit to such an examination as the Censors may impose, shall on their recommendation and on receiving a vote of two thirds of the members present at any annual meeting, be entitled to membership, by signing the Constitution and paying five ($5) dollars to the Treasurer of the Society.

ART. XI. This Society may elect honorary members at any annual meeting, by a vote of three-fourths of the members present.

ART. XII. This Society shall have power to obtain funds by an equal assessment of its members, by voluntary contributions, and by the sale and disposal of publications and of works for publication. But no assessment shall be made for more than three dollars upon each member in any one year, nor except at annual meetings, or at meetings called for that express purpose; in the latter case the object of the meeting shall be set forth and published in the call.

ART. XIII. This Society may censure, reprimand, or expel any member for improper conduct as may be prescribed by the By-Laws.

ART. XIV. No amendment shall be made to this Constitution, unless the proposed amendment shall have been submitted in writing at some previous regular meeting of the Society, and for such action eight members shall be necessary for a quorum and two-thirds of the members present must vote for the amendment:

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Provided, however, that by a unanimous vote of ten or more members present at any annual meeting, any article of this constitution may be amended, or repealed, and articles added thereto, without such previous notice.

BY-LAWS.

RULES OF ORDER.

ART. I. In the discussion and disposition of all business coming before the Wisconsin State Medical Society, parliamentary rules of debate shall be observed, and Jefferson's Manual shall be the guide.

ORDER OF BUSINESS.

ART. II. The order of business at the annual meetings of this Society shall be as follows:

1. The calling of the roll.
2. The reading of the Minutes.
3. The admission of members.
4. The Secretary's and the Treasurer's reports.
5. The reading and consideration of reports from all the Standing Committees.
6. The reading of essays and reports of cases.
7. Miscellaneous business.
8. Unfinished business.
9. The election of officers.
10. The appointing of the Standing Committee.
11. The President's address.
12. Adjournment.

FORCE OF THE CODE OF ETHICS.

ART. III. The Code of Ethics heretofore adopted by this Society from the American Medical Association shall have the full force of any article of either the Constitution or the By-Laws.

DISCIPLINE OF MEMBERS.

ART. IV. Any member shall be liable to censure, suspension, or expulsion for willful neglect of the rules and regulations of this Society, for any flagrant violation of our Code of Ethics, or for any gross or immoral conduct. A vote of two-thirds of the members present shall be requisite to censure, suspend, or to expel.

SEC. 2. Should any charges be preferred against any member which might lead to his censure, suspension, or expulsion, such charges shall be preferred while the Society is in special executive session and the Secretary shall immediately give the accused a written copy of the said charges, and state by whom preferred. The matter shall then lie over until the next annual meeting, when due action shall be taken thereon.

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SEC. 3. Any member of this Society, who from professional incompetency or from any other sufficient reason not already mentioned, shall be deemed unworthy of the fellowship os this Society, may be deprived of his membership as provided in sections one (1) and two (2) of this Article.

SEC. 4. Any member of this Society who shall absent himself from the meetings of the same for three successive years without rendering to the Society a satisfactory excuse, shall lose membership in the same, but may renew his standing by repayment of the admission fee.

SEC. 5. Any member failing for a period of three years to pay to the Society the sum of three (3) dollars annual dues, shall also lose membership in the Society unless such member shall have removed from the State; in which case he may remain an honorary member thereof during such absence. The annual dues of the Secretary are remitted.

SEC. 6. If any member of this Society, to whom has been assigned any duty, such as the preparation of a report, or the reading of an essay, or like service, shall fail to perform such duty at the time assigned, he shall be relieved therefrom, but the duty assigned shall be due from him at the next meeting of the Society, thereafter; and if he then fail to perform the service required of him without rendering a satisfactory excuse for such neglect, he shall lose his standing as a member of this Society.

STANDING COMMITTEES.

ART. V. The following named Standing Committees, each to be composed of three members, to be appointed by the President—except the Committees on Ethics and Publication otherwise provided for—shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying out the objects of the Society not otherwise provided for, namely, a Committee on Ethics, a Committee on Arrangements, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics, a Committee on Finance, and a Committee on Publication.

The Committee on Ethics shall be composed of nine members, who shall be nominated by the President and elected by the Society. Three of the number shall serve for a term of three years, three for two years, and three for one year, after the first election. Thereafter, three shall be elected annually for a term of three years. They shall consider all cases for discipline of members. All charges made shall be referred to them without discussion, all evidence shall be presented to them, and they shall report their conclusions to the Society.

The Committee on Arrangements shall provide suitable accommodations for the meetings, and for members from abroad, and in general attend to the wants of the Profession while attending the meetings of the Society.

The Committee on Practical Medicine shall make an annual report embodying the recent and most practical improvements, discoveries, and advancements in the practice of Medicine.

The Committee on Surgery shall make an annual report on the subject of Surgery, and give a summary of the recent improvements, discoveries, and progress in this department of Medicine.

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The Committee on Obstetrics shall make an annual report on the subject of Obstetrics and the Diseases of Women and Children, giving a summary of the recent discoveries and improvements in this branch of Medicine.

The Committee on Finance shall be the executive committee of this Society, to whom all accounts must be referred, and who shall make an annual report on the financial condition of the Society, and on all matters usually falling to the consideration of executive committees.

The Committee on Publication shall be composed of the Secretary, Treasurer, and President, who shall have charge of all matters intended for the press and superintend their publication. They shall have a discretionary power to publish or suppress any matter submitted to them for that purpose, and shall make an annual report of their proceedings.

MEMBERS TO REPORT CASES.

ART. VI. Every member of this Society, who is neither appointed to read an essay or to the Chairmanship of a Committee, shall give a complete and detailed written history of one case of disease occurring under his own observntion, comprising everything touching its etiology, pathology, symptomatology, nosology, diagnosis, prognosis, therapeutics and hygienics.

AMENDMENTS.

ART. VI. These by-laws may be altered, added tn, or repealed, by a three-fourths vote at any annual meeting.

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ARTICLE XX.

THE MEMBERSHIP OF THE WISCONSIN STATE MEDICAL SOCIETY.

Andrews, Gordon.....Highland
Armstrong, L. G.....Boscobel
Ayres, D. C.....Green Bay
Barnes, H. L.....Ripon
Barnett, J. R.....Neenah
Barrett, Moses*.....Milwaukee
Barrows, L. J.....Janesville
Bartlett, E. W.....Milwaukee
Bartlett, J. K.....Milwaukee
Bell, Sam'l.....Beloit
Bennett, D O.....Waterloo
Benson, L. M.....Lowell
Binnie, John.....Poynette
Blair, W. M.....Darlington
Blanchard, Azariel*‡.....Milwaukee
Blodgett, D. E.....Oshkosh
Bond, D M.....Johnstown Centre
Booth, Chas. E.....Elroy
Bordon, W. H.....Milton
Boughton, D. F.....Madison
Bowers, S. S.....Fond du Lac
Boyce, H. W.....Geneva
Bradshaw, H. N.....Monroe
Brenton, J. L.....Beloit
Brett, Ben. C.....Green Bay
Brewster, E. A. P. †.....Janesville
Brown, Jas. J.....Madison
Bunnell, N. P. †.....Lodi
Burns, J. W.....Oakfield
Burrall, Geo. W.....Dodgeville
Burrington, S. O.....Columbus
Burroughs, F. V.....Mauston
Butler, Wm, C.....Janesville
Butterfield, H. L.....Waupun
Calkins, Geo. H.....Waupaca
Cameron, E. H. †.....Janesville
Carley, D. W.....Boscobel
Catlin, Geo. E.....Geneva
Chase, H. A.....Viroqua
Clark, A.....Sheboygan Falls
Clark, S. S.....Menominee Falls
Coakley, J. E.....Milton Junction
Cody, James.....Watertown
Conant, John.....Prairie du Chien
Coolidge, S. C.....Middleton
Cory, J. B.....Patch Grove
Cowles, Charles.....Baraboo
Cowles, L. C.....Baraboo
Crane, H. O. *.....Green Bay
Dalton, N.....Mineral Point
Dalgairns, C. A. †.....Mineral Point
David, Joseph W.....Highland
Davies, D. C.....Columbus
Davies, John E.....Madison
Davis, J. C.....Fort Atkinson
Davis, M. M.....Baraboo
Day, F. H.....Wauwatosa
Dickson, John.....Allen's Grove
Dodge, E. F.....Fond du Lac
Dodson, N. M.....Berlin
Dodson, B. F.....Berlin
Eastman, Wm.....Blanchardville
Edwards, W.....Arena
Egan, Charles.....Highland
Elderkin, H. R.....Fort Howard
Ellsworth, C. F.....Elkhorn
Evans, T. W.....Stoughton
Favill, John.....Madison
Fairman, Eli W.....Orfordville
Ferrin, S. A. *.....Mineral Point
Fischer, Francis.....Madison
Fisk, M. H.....Depere

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Fox, G. H.....Oregon
Fox, Philip.....Janesville
Fox, William.....Madison
Freeman, Alonzo R.....New London
Fuller, S. L.....Milwaukee
Gage, M. R.....Sparta
Galentine, Samuel.....Neenah
Gallagher, P. H. †.....Fond du Lac
Gee, J. E.....Brandon
Gibbs, Jonathan.....Omro
Gleason, W. H.....Mazomania
Goe, J. W.....Oshkosh
Godfrey, H. T.....Benton
Goft, H. B. †.....Stoughton
Gorham, W. M.....Milwaukee
Grættinger, Alois.....Milwaukee
Griffin, E. L.....Fond du Lac
Guernsey, A. H.....Amherst
Guinan, James.....New London
Hall, Storrs.....Rosendale
Hall, S. S.....Sheboygan
Hall, J. C.....Monroe
Hatchard, Thomas.....Milwaukee
Hausman, William.....Ashford
Hobbins, William.....Madison
Hobbins, Joseph.....Madison
Holmes, Byron †.....Fond du Lac
Horton, E. G.....Whitewater
Hunt, Geo. F.....West Bend
Hutchinson, Geo.....Durand
Hyde, J. H.*.....Lancaster
Irwin, E. H.....Lodi
Jenkins, G. W.....Kilbourn City
Johnson, H. B.....Beloit
Johnstone, John.....Neosho
Jones, A. S.†.....Janesville
Kempe, J. J.†.....Milwaukee
Kendall, A. O.....Middleton
Kempster, Walter.....Oshkosh
Lamb, G. A.....Green Bay
Lawrence, Amos.....Eureka
LaCount, D.....Chilton
Leavitt, Justin J.....Fennimore
Leonard, Wm. T.....Wonewoc
Lilly, H. M. *.....Fond du Lac
Linde, Christian.....Oshkosh
Linde, F. H.....Oshkosh
Loofbourow, Nathan A.....Monroe
Loomis, E. E.....Janesville
Loop, T. E.....Eureka
Lindsay, H. E.....Avoca
Lueck, A. W.....Mayville
Manly, Ira, Jr.....Markesan
Marks, Solon.....Milwaukee
Marston, S. L.....New Cassel
Mason, Darius.....Prairie du Chien
Masterson, J. A.....Waterloo
Mayham, T. F.....Fond du Lac
McArthur, R. D.†.....Milwaukee
McCall, Wm.....Omro
McGuire, Francis.....Jefferson
McKennan, H. †.....Sauk City
McNeel, J. H.....Fond du Lac
McKnight, Lewis.....Milwaukee
Meachem, E. H. G.....Milwaukee
Meachem, J. G.....Racine
Meachem, J. G., Jr.....Racine
Meacher, Wm.....Portage
Merrick, J. C. †.....Burlington
Millard, F. R.....Beetown
Miller, Henry.....Lowell
Miller, Clark I.....Whitewater
Mitchell, John ‡.....Janesville
Monroe, William.....Monroe
Montgomery, T. A.....Wrightstown
Moore, D. W.....Waupun
Moore, Jesse *‡.....Beloit
Moorehouse, W. D.....Plymouth
Morrill, Geo. W.....New Lisbon
Myers, Miles G.....Wautoma
Newell, H. B.....Hale's Corners
Nichols, F. A. †.....New Lisbon
Nichols, Theron.....Milwaukee
Norris. N. H.....Beloit
O'Brien, J. N.....Plymouth
O'Reilly. John R.....New London
Orrick, J. H.....Stevens Point
Orton, C. H.....Milwaukee
Ottilie, Chas.....La Crosse
Page, J. L.....Racine

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Palmer, Henry.....Janesville
Peck, L. E.....Hartford
Phillips, Benj. T....Menominee, Mich.
Quirey, W.*.....Evansville
Raymond, D. A.....Fond du Lac
Reeve, J. T.....Appleton
Reichenbach, E. †..... ...Monroe
Rice, John A.....Merton
Reynolds, B. O..... Geneva
Rockwell. W. M.....Johnstown
Rogers, E. M.....Hartford
Rogers, Jirah.....Ripon
Rowley, A. A..... Middleton
Rowley, N. C. *.....Middleton
Russell, Hugh.....Westfield
Russell, T. P.....Oshkosh
Salisbury, A. H. †.....Mazomanie
Senn, Nicholas.....Milwaukee
Shepard, J. L.....Sheboygan Falls
Smith, C. M..... Evansville
Spalding, W. C.....Watertown
Sperry, Johnson.....Delafield
Stair, U. P.....Martinsville
Stanard, F. D.....Muscoda
Stansbury, Emory.....Appleton
Stark, Geo. A.....Milwaukee
Steele, Geo. M.....Oshkosh
St. John, J. W.....Janesville
Stoddard, C. L..... ....Whitewater
Strong, H. P.....Beloit
Sweetland, W. P..... Lake Mills
Taggart, C. J. †.....Beloit
Taylor, Charles S.....Janesville
Thomas, W. M.....Darlington
Thompson, J. H.....Milwaukee
Thorndyke, Wm.....Milwaukee
Tracy, J. H. †.....Fond du Lac
Treat, R. B. †..... .Janesville
Van Buskirk, Joseph.....Ironton
Van Dusen, Harmon....Mineral Point
Van Norstrand, A. H.....Green Bay
Vittum, W. H.....Baraboo
Vivian, J. H .....Mineral Point
Ward, A. J.....Madison
Waterhouse, M.....Portage City
Whinery, M.....Rice Lake
Whiting, J. B.....Janesville
Whitney, J. J. †.....Prairie du Chien
Wigginton, R. M.....Madison
Wight, O. W..... .Milwaukee
Wilber, Geo. D.....Mineral Point
Wiley, Wm..... ....Fond du Lac
Williams, J. Ll..... .....Cambria
Williams, T. G.*.....Watertown
Wilson, J. T. *.....Madison
Witter, G. F.....Grand Rapids
Wolcott, E. B.....Milwaukee
Woodruff, J. B..... Fox Lake
Woodworth, L. P.....Necedah
Woodworth, T. F.....Oshkosh
Wotring, J. †.....Prairie du Sac
Wright, A. B..... .....Oshkosh
Wylie, D. B.....Wausau
Youmans, H. A.....Mukwanago
Youmans, Jeremiah *.... .Mukwanago
Young, Geo. H..... Elkhorn
Zielley, H. E.....Chilton

* Deceased. † Removed from State. ‡ Honorary Member.

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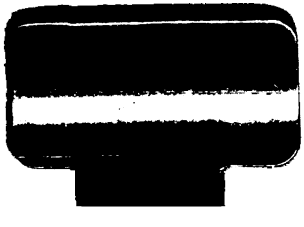

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THE THIRTIETH ANNUAL SESSION

—OF THE—

Wisconsin State Medical Society

WILL BE HELD IN

THE CITY OF MILWAUKEE,

Commencing on the First Tuesday in June, 1876.

AT 7 O'CLOCK P.M.

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